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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N92000000953 (1)

THE GREATER AUBURNDALE EDUCATION AND BEAUTIFICAT ION FOUNDATION, INC.

Principal Place of Business

111 EAST PARK ST.
AUGURNINALE EL 22922

Mailing Address

FILED Feb 13 1997 8:00am Secretary of State



111 EAST PARK ST. AUBURNDALE FL 33823		111 EAST PARK ST. Auburndale fl 33823-3406						
					3. Date Incorporated or Qualified 12/28/1992	3a. Date of Last 04/22/		
2. Principal Pl	ace of Business	2a. Mailing Address		·····	4. FEI Number	l	Applied For	
21		26			59-3151989		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27			Fee Required			
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zin	Country	28	0	-4	Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip	Cou	ury	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 25 29 30 9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent				
9. Name and Address of Current hogistated Agent								
TOMY DEDOLONETTI				Lynda Bush				
TONY PERSICHETTI 111 EAST PARK ST.				Street Address (P.O. Box Number is Not Acceptable) 111 East Park St				
AUBURNDALE FL 33823				83	III Cast Park St	· · · · · ·		
YODGU	IDALL I C 00020		ļ					
-				84 City	* ************************************	85 Zi	p Code	
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the at	ove-named	corporation submits this statement for the pr	roose of changing	33BZ3	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Simble Surse State of the Signature of the Sign								
	Signature lyped or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP	☐ DELETE	1.1 TiT	LE	DP	Change	e 🔲 Addition	
NAME	TONY PERSICHETTI		1,2 NA	ME	Lynda Bush		1	
STREET ADDRESS	111 EX PARK ST.		1.3 ST	reet address	111 E Park St			
CITY-ST-ZIP	AUBURNDALE FL	······		Y-ST-ZIP	Auburndale, FL 338	************************************		
TITLE	D	☐ DELETE	2.1 TiT		D	L Change	e 🗀 Addition 🤇	
NAME	LYNDA BUSH		2.2 NA		Chuck Corneal			
STREET ADDRESS	203 E. PARK ST.			reet address	Auburndale, FL 338	23	İ	
CITY-ST-ZIP TITLE	AUBURNDALE FL	DELETE	2. 4 CI 3.1 TII	TY-ST-ZIP	*	☐ Change	e Addition	
NAME	DV CHUCK CORNEAL				No Lippincett	☐ Ausula	3 LAGRION	
STREET ADDRESS	111 E.PARK ST.		3.2 NA		TIT E Park St	2.2		
] ;	AUBURNDALE FL			REET ADDRESS	Auburndale, FL 338	23		
CITY-ST-ZIP TITLE	DST DST	DELETE	4.1 TiT	TY-ST-ZIP		☐ Change	a Addition	
NAME	DOT CALDWELL		4. 2 N/		DST DOF Caldwell_	ondry		
STREET ADDRESS	111 E. PARK ST.			reet address	TYT E PARK ST Auburndale, FL 338	23		
CITY-ST-ZIP	AUBURNDALE FL			Y-ST-ZIP	Auburndare, FL 550	2.5		
TITLE	0	DELETE	5.1 Til			☐ Change	e Addition	
NAME	VIC SHUMATE		5.2 NA		D		*	
STREET ADDRESS	310 GANDY RD.			REET ADDRESS	Billempkin184			
CITY-ST-ZIP	AUBIRMDALE FL			Y-ST-ZIP	Auburndale, FL 338	323		
TITLE	0	☐ DELETE	6.1 TIT			Change	e Addition	
NAME	DOUG ROLLINS		6.2 NA	ME	Doyg Rollins st	_		
STREET ADDRESS	209 PALMETTO ST.		6.3 ST	REET ADDRESS	AUBUFAGUE TOFE 3:	3823		
CITY-ST-ZIP	SUBURNDALE FL		6.4 CIT	Y-ST-ZIP	.			
4 2 1	the second state of the second	at the fall of the Printer of the second of the second			NAME OF THE PARTY			

4.1 oo nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/27/97 (941)967-3400

CR2E037 (9/96)