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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000953 (1)**

1. Corporation Name

**THE GREATER AUBURNDALE EDUCATION AND BEAUTIFICAT
ION FOUNDATION, INC.**

Principal Place of Business 111 EAST PARK ST. AUBURNDALE FL 33823	Mailing Address 111 EAST PARK ST. AUBURNDALE FL 33823
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3. Date Incorporated or Qualified 12/28/1992
4. FEI Number 59-3151989
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 121 E Park Street Suite, Apt. #, etc.	2a. Mailing Address 26 111 E Park St Suite, Apt. #, etc.
City & State 23 Auburndale, FL Zip Country 24 33823 25	City & State 28 Auburndale, FL Zip Country 29 33823 30 polk

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**TONY PERSICHETTI
111 EAST PARK ST.
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent	
81 Name Chuck Corneal	82 Street Address (P.O. Box Number is Not Acceptable) 111 E Park St
83 City Auburndale	84 State FL
85 Zip Code 33823	

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 Chuck Corneal DATE 4/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DP BUSH, LYNDIA 111 EAST PARK ST. AUBURNDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D CORNEAL, CHUCK 111 EAST PARK ST. AUBURNDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DV LIPPINCOTT, KEN 111 E PARK ST. AUBURNDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DST DOT CALDWELL 111 E. PARK ST. AUBURNDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D MCKINLEY, BILL 111 EAST PARK ST. AUBURNDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D ROLLINS, DOUG 200 PALMETTO ST. AUBURNDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP Chuck Corneal 111 E Park St, Auburndale, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Nancy King 125 Newbern Circle, Auburndale 33823
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DV Ken Lippincott 111 E Park St Auburndale, FL 33823
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DST Dot Caldwell 111 E Park St Auburndale, FL 33823
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Bill McKinley 111 E Park St, Auburndale, FL 33823
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Fred Butler 111 E Park St, Auburndale, FL 33823

14. I hereby certify that the information supplied with this filing 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: Chuck Corneal DATE 4/27/98
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E037 (10/97)