


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000953

1. Corporation Name

THE GREATER AUBURNDALE EDUCATION AND BEAUTIFICATION FOUNDATION, INC.

Principal Place of Business

111 E PARK STREET
 AUBURNDALE FL 33823
 US

Mailing Address

111 EAST PARK ST.
 AUBURNDALE FL 33823



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/28/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3151989	
24 Country		29 Country		30 Country	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				- \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CORNEAL, CHUCK
 111 EAST PARK ST.
 AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name	Ken Lippincott		
82 Street Address (P.O. Box Number is Not Acceptable)			
83	111 East Park Street		
84 City	Auburndale	85 Zip Code	FL 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

Sharon O. Forrester

Sharon O. Forrester

J.P. Fin. 1-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNEAL, CHUCK		1.2 NAME	Ken Lippincott	
STREET ADDRESS	111 EAST PARK ST.		1.3 STREET ADDRESS	111 East Park Street	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, NANCY		2.2 NAME	Fred Butler	
STREET ADDRESS	125 NEWBERN CIR,		2.3 STREET ADDRESS	111 East Park Street	
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPINCOTT, KEN		3.2 NAME	John Wolfe	
STREET ADDRESS	111 E PARK ST		3.3 STREET ADDRESS	111 East Park Street	
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	DST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOT CALDWELL		4.2 NAME	Sharon O. Forrester	
STREET ADDRESS	111 E. PARK ST.		4.3 STREET ADDRESS	111 East Park Street	
CITY-ST-ZIP	AUBURNDALE FL 33823		4.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, BILL		5.2 NAME	Pat Wilkins	
STREET ADDRESS	111 EAST PARK ST.		5.3 STREET ADDRESS	111 East Park Street	
CITY-ST-ZIP	AUBURNDALE FL 33823		5.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, FRED		6.2 NAME		
STREET ADDRESS	111 E PARK ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Sharon O. Forrester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 941-965-6150

CR2E037 (11/98)