## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # N9300001312 (8)

## FILED May 09 1997 8:00am Secretary of State

TREASURE ISLAND CHARITIES, INC.													
Principal Place	e of Business	Maitin	g Address					T AND TOLOR OF A CALL STATE WEIGH WEIGH W	BELL O DEST OF	HEN TODANG TEN		1181 1881	
12789 KINGFISH DR. 12789 KINGFISH DR. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706								) 					
								3. Date Incorporated or Qualified 03/22/1993	3a. Da	ote of Last 01/24/1	Repo <b>996</b>	т	
	lace of Business	}	2a. Mailing Address					4. FEI Number Applied F 59-3170845 Not Applie					
21	A	26	ite, Apt. #, etc.					39-3170043	<del></del>			pplicable	
Suite, Apt.	#, etc	27	ile, Apt. #, etc.				ļ	5. Certificate of Status Desired		\$8.75 Fee	D Addi Requi		
City & State	0		y & State			,	_,	6. Election Campaign Financing					
23		28	<del> </del>					Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zıp	Country	Zip	)	Cou	intry	'		8. This corporation has liability for i			s. 19	9.032,	
24	25			30				Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registers	d Agent		-			10. Name and Address of New Re	gistered /	Agent			
					81	Name							
	N, LARRY A				82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)				
	ROLINA AVE N.E.				83	ļ			<del> </del>				
ST PETI	ERSBURG FL 33703				83	}							
					64	City			FL	85 Zi	ip Cod	le	
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1	508 Florida Statu	tes the e	bove	e-named	corpo	ration submits this statement for the n		changing	a its re	oistered	
office or r	egistered agent, or both, in the Stat	e of Florida	Such change was	authorize	d by	the cor	poratio	ration submits this statement for the p n's board of directors. I hereby accep	t the app	ointment	as reg	Istered	
_	m familiar with, and accept the oblig	gations of, Se	ection 617.0503, F	iorida Sta	tute:	<b>3</b> .							
SIGNATURE	Signature, typed or printed name of registered as	pent and little if ap	olicable. (NO	TE: Registere	d Age	ent signature	required	when reinstating)	DATE	<del></del>			
12.	OFFICERS AT	·		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS II	N 12	
TITLE	DP		☐ DELETE	1.1 🏗	TLE					Chang	e L	Addition	
NAME	HOFFMAN, LARRY A			1.2 N	AME								
STREET ADDRESS	2037 CAROLINA AVE. N.E.			1.3 \$	TREET	ADDRESS	]						
CITY - S1 - ZIP	ST. PETERSBURG FL			1.4 0	ITY-S	ST-ZIP							
TITLE	D		DELETE	2.1 TJ	TLE					Chang	е [	Addition	
NAME	RICE, SIDNEY A			22 N	AME								
STREET ADDRESS	12789 KINGFISH DR.			2.3 S	TAEET	ADDRESS							
CITY-ST-ZIP	TREASURE ISLAND FL			2.40	ITY -!	ST-ZIP					····		
TITLE	DV		☐ DELETE	3.1 TI		:				L Chang	e L	Addition	
NAME	FARNER, W. TERRY			3.2 N									
STREET ADDRESS	3814 48TH AVE. SOUTH					ADDRESS	l						
CITY-ST-ZIP	ST. PETERSBURG FL		DELETE			ST-ZIP	-			Chang		Addition	
TITLE	TUDNED INCLUM		C DECEIE	4.1 70			🏲	5		POL CHARL	۰ ۲	T VOORIOL	
NAME	TURNER, JACLYN				IAME		}						
STREET ADDRESS	311 JULIA CIR. ST. PETERSBURG FL			- 1		T ADDRESS	1						
CITY-ST-ZIP TITLE	DS		DELETE	5.1 Y	******	ST-ZIP	7		<del></del>	Chang	ie T	Addition	
NAME	GEIGER, JUDY			5.2 N			, 22	•		<b>/</b>			
STREET ADDRESS	7954 GARDEN DR. N.			- 1		T ADDRESS	1						
CITY-ST-ZIP	ST. PETERSBURG FL			- 8		ST-ZIP	}						
TITLE	VI. I EIEI (VOUIV I E		☐ DELETE	6.1 7	******	21 - EN	Y			Chang	je "D	Addition	
NAME				6.2 N				SBET STILES				-	
STREET ADDRESS						T ADDRESS		BOD HTH AVE S	ath				
CITY-ST-ZIP				E .		ST-21P			=				
	by certify that the information suppli	ed with this f	iling does not qua				tated i	n Section 119.07(3)(i), Florida Statute		r certify th	nat the		

4. I do 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 of an an attachment with an address.

SIGNATURE:

BIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APRIC 97 913-360-0071