

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93 000001312**
1. Corporation Name
TREASURE ISLAND CHARITIES, INC.

Principal Place of Business
**12781 KINGFISH DR.
TREASURE ISLAND, FL.
33706**

Mailing Address
SAME

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 3-22-93	
4. FEI Number 59-3170845	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LARRY A. HOFFMAN
2037 CAROLINA AVE. N.E.
ST. PETE, FL. 33703**

10. Name and Address of New Registered Agent
81 Name **TERRY FARNER**
82 Street Address (P.O. Box Number is Not Acceptable)
12781 KINGFISH DR.
83
84 City **Treasure Island, FL** 85 Zip Code **33706**

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 **Jerry Farnner** **9-23-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TRUSTEE LARRY A. HOFFMAN 2037 CAROLINA AVE. N.E. ST. PETE, FL. 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/TRUSTEE TERRY FARNER 3814-48th Ave. S. ST. PETE, FL. 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/TRUSTEE JUDY GEIGER 7954 GARDEN DR. N. ST. PETE, FL. 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TRUSTEE JACLYN TURNER 311 JULIA CIR. N. ST. PETE BLH, FL. 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE SID RICE 47 DOLPHIN DR. TREASURE ISLAND, FL. 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BOB STILES 7300-4th Ave. S. ST. PETE, FL. 33707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/TRUSTEE TERRY FARNER 3814-48th Ave. S. ST. PETE, FL. 33711
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE-PRESIDENT/TRUSTEE BOB STILES 7300-4th Ave. S. ST. PETE, FL. 33707
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER/TRUSTEE JOHN MARTINOVICH 10526-118th St. N. SEMINOLE, FL. 33776
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	500002667425-4 -10/19/98-01129-007 *****61.25 *****61.25
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.
SIGNATURE: **JOHN M. MARTINOVICH** **9/23/98** **813-501-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E037 (5/98)