

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002608 (8)**

1. Corporation Name

**MOMS OF TIERRA VERDE, INC.**

Principal Place of Business

**6416 9TH ST N  
ST PETERSBURG FL 33702**

Mailing Address

**C/O CHARLES HINTON  
6416 9 ST N  
ST PETERSBURG FL 33715  
US**

**FILED**

**96 AUG 26 AM 11:39**

**SECRETARY OF STATE**



**500001937115**  
-08/30/96--01076--014

\*\*\*\*\*61.25 \*\*\*\*\*61.25

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **04/26/1995**

4. FEI Number **59-3191979** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 P.O. Box 58203**

2a. Mailing Address

**26 P.O. Box 58203**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Tierra Verde, FL**

City & State

**28 Tierra Verde, FL**

Zip

**24 33715**

Country

**25 America**

Zip

**29 33715**

Country

**30 America**

9. Name and Address of Current Registered Agent

**HINTON, CHARLES D  
6416 9TH ST N  
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 **X Debbie Bedinghaus**

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

(NOTE: Registered Agent signature required when reinstating)

**7-2-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **BEDINGHAUS, DEBBIE**  
STREET ADDRESS **627 DESOTO DRIVE**  
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **DV** ☒ DELETE  
NAME **PLUMMER, TAMMY**  
STREET ADDRESS **388-1ST STREET W**  
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **DT** ☒ DELETE  
NAME **FELMAN, MARLENE**  
STREET ADDRESS **635 7TH AVENUE NORTH**  
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **O'Bryan, Jeanine**  
1.3 STREET ADDRESS **637-Pinellas Bayway #210**  
1.4 CITY-ST-ZIP **Tierra Verde, FL 33715**

2.1 TITLE **DT** ☒ Change ☐ Addition  
2.2 NAME **Burrows, Laura**  
2.3 STREET ADDRESS **631-Desoto Dr.**  
2.4 CITY-ST-ZIP **Tierra Verde, FL 33715**

3.1 TITLE **DC** ☐ Change ☒ Addition  
3.2 NAME **Bedinghaus, Debbie**  
3.3 STREET ADDRESS **627-Desoto Dr.**  
3.4 CITY-ST-ZIP **Tierra Verde, FL 33715**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Debbie Bedinghaus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-96**

Date

**813-866-3911**

Daytime Phone #

CR2E037 (3/96)