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50 MAY -1 AM 8:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000003200 (3)

ALLEN'S CREEK COALITION, INC.

Principal Place of Business: **5360 E BAY DR SUITE 278-102 CLEARWATER FL 34624**
Mailing Address: **5360 E BAY DR SUITE 278-102 CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1993** 3a. Date of Last Report: **06/06/1994**
4. FEI Number: **59-3193525** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under Ch. 100.092, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODALL, WILLIAM
1631 SHERBROOK RD.
CLEARWATER FL 34624**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when instituting) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **AVERILL, ROSE**
STREET ADDRESS: **1925 SEAGULL DR.**
CITY ST ZIP: **CLEARWATER FL 34624**

TITLE: **D**
NAME: **GOODALL, WILLIAM**
STREET ADDRESS: **1631 SHERBROOK RD.**
CITY ST ZIP: **CLEARWATER FL 34624**

TITLE: **D**
NAME: **MAKIN, EDWARD**
STREET ADDRESS: **1841 DEL ROBLES TERR.**
CITY ST ZIP: **CLEARWATER FL 34624**

TITLE: **D**
NAME: **GOMBERT, DIETER W**
STREET ADDRESS: **1911 SEAGULL DR.**
CITY ST ZIP: **CLEARWATER FL 34624**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

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 110.07(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: *Dieter W. Gombert*
SIGNING OFFICER OR DIRECTOR

APRIL 30, 1995 (813) 531-3832