

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005018 (7)**

1. Corporation Name

SERGEANT ALLEN MOORE COMMUNITY PARTNERSHIP, INC.



Principal Place of Business

**19321 US 19TH N
SUITE 415
CLEARWATER FL 34615**

Mailing Address

**19321 US 19TH N
SUITE 415
CLEARWATER FL 34615**

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

21 1201 N. Betty Lane

2a. Mailing Address

26 1201 N. Betty Lane

4. FEI Number

59-3253712

Applied For

Not Applicable

Suite, Apt. #, etc.

22
City & State

23 Clearwater, Florida

Zip

24 34615

Country

25 Pinellas

Suite, Apt. #, etc.

27
City & State

28 Clearwater, Florida

Zip

29 34615

Country

30 Pinellas

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

9. Name and Address of Current Registered Agent

**SMILEY, JOSEPH
19321 US 19 N
SUITE 415
CLEARWATER FL 34615**

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 **Joseph Smiley**

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

(NOTE: Registered Agent signature required when reinstating)

Feb 1, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SMILEY, JOSEPH**
STREET ADDRESS **19321 US 19 N SUITE 415**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **BOONE, RANDY**
STREET ADDRESS **1532 LONG ST**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **D** ☐ DELETE

NAME **ROJAS, LARRY**
STREET ADDRESS **P O BOX 546 N/A**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **D** ☐ DELETE

NAME **VALMA, MARGARETTE**
STREET ADDRESS **1001 CARLTON ST**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **D** ☐ DELETE

NAME **HODGES, MAYME**
STREET ADDRESS **1162 LA SALLE**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1201 N. Betty Lane**
1.4 CITY-ST-ZIP **Clearwater, FL 34615**

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 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: **Joseph Smiley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 1996

DATE

442-0059

DAYTIME PHONE #

CR2E037 (12/95)