

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005018** ✓

1. Corporation Name

**SERGEANT ALLEN MOORE COMMUNITY PARTNERSHIP, INC.**

Principal Place of Business

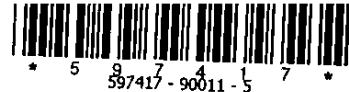
1201 N BETTY LN  
CLEARWATER FL 33755  
US

Mailing Address

1201 N BETTY LANE  
CLEARWATER FL 33755  
US

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90011 005 \*\*\*\*61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

59-3253712

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

9. Name and Address of Current Registered Agent

SMILEY, JOSEPH  
1201 NORTH BETTY LANE  
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

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 ☐ DELETE  
NAME D  
SMILEY, JOSEPH  
STREET ADDRESS 1201 N BETTY LANE  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME D  
DIXON, BERNARD  
STREET ADDRESS 11204 GORDA CIR.  
CITY-ST-ZIP LARGO FL

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

TITLE ☒ DELETE  
NAME D  
VALMA, MARGARETTE  
STREET ADDRESS 1001 CARLTON ST  
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☒ DELETE  
NAME D  
PITTS, LUCIUS  
STREET ADDRESS 1325 SPRINGDALE STREET  
CITY-ST-ZIP CLEARWATER FL

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 D  
1.3 STREET ADDRESS Forestine Stevens  
1.4 CITY-ST-ZIP 1470 Woodbine Street  
Clearwater, FL 33765

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Marge Nemzek  
2.4 CITY-ST-ZIP 2287 Manor Blvd N  
Clearwater, FL 33765

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 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, with all other like empowered.

SIGNATURE: *Forestine Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/99

CR2E037 (5/99)