

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # N93000005018

1. Entity 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**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3253712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMILEY, JOSEPH
1201 NORTH BETTY LANE
CLEARWATER, FL 34615**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOSEPH SMILEY
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-04

000000153155

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

05/04/04-80116-017 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMILEY, JOSEPH 1201 N BETTY LANE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, BERNARD 12904 GORDA CIR. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, PAUL 7512 NORTH THARHER AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ELIZABETH 1780 HARBER DRIVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, JACKIE 615 MINNESOTA DRIVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNSON, DAISY D 1446 PARKWOOD STREET CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BERNARD DIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

727-535-2961

Daytime Phone #