

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 # N94000000556 (0)

1. Corporation Name

COALITION OF C.A.M. ORGANIZATIONS, INC.



Principal Place of Business

Mailing Address

4175 E BAY DR
SUITE 205
CLEARWATER FL 34624

4175 E BAY DR
SUITE 205
CLEARWATER FL 34624

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2965665

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVE
SUITE 20
ST PETERSBURG FL 33710

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE
NAME HILDEBRANDT, HAL
STREET ADDRESS 4175 E BAY DR SUITE 205
CITY-ST-ZIP CLEARWATER FL 34624

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DVC ☐ DELETE
NAME HILL, THOMAS
STREET ADDRESS 3000 N OCEAN DR
CITY-ST-ZIP SINGER ISLAND FL 33404

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SMINGLER, JERE
STREET ADDRESS 4131 GROVE PARK LN
CITY-ST-ZIP LANTANA FL 33462

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME ~~SPROWLS, JOSEPH~~
STREET ADDRESS ~~40517 U.S. 10 NORTH~~
CITY-ST-ZIP ~~TARPON SPRINGS FL~~

41 TITLE ☐ Change ☒ Addition
42 NAME DS
43 STREET ADDRESS DITINNO, DENNIS
44 CITY-ST-ZIP 10645 FIRST STREET E.
TREASURE ISLAND, FL 33706

TITLE DT ☐ DELETE
NAME GROSSKOPF, JOHN
STREET ADDRESS 44 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL 33480

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

407-832-8511

Daytime Phone #

CR2E037 (12/95)