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FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000001848 (0)

1. Corporation Name

CITIZENS ALLIED FOR MANAGED PARTNERSHIP, INC.



Principal Place of Business

Mailing Address

766 BADGER DRIVE N.E.  
PALM BAY FL 32905-5810  
US

766 BADGER DRIVE N.E.  
PALM BAY FL 32905-5810  
US

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

59-3409274

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUCETTE, ROBERT E.  
766 BADGER DRIVE N.E.  
PALM BAY FL 32905

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

*Robert E. Doucette*  
Signature, typed or printed name of registered agent and title if applicable.

ROBERT E. DOUCETTE  
(NOTE: Registered Agent signature required when reinstating)

2/19/98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME DOUCETTE, ROBERT E.  
STREET ADDRESS 766 BADGER DR. N.E.  
CITY-ST-ZIP PALM BAY FL

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

TITLE D ☒ DELETE  
NAME HELMRICH, HENRY  
STREET ADDRESS 1251 WILD ROSE DR. N.E.  
CITY-ST-ZIP PALM BAY FL

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

TITLE VPTS ☐ DELETE  
NAME JUNGEMCH, TONY  
STREET ADDRESS 909 EYGEN AVE. N.W.  
CITY-ST-ZIP PALM BAY FL

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

TITLE D ☐ DELETE  
NAME SUE LADON H.  
STREET ADDRESS 773 ATLANTIC RD. S.E.  
CITY-ST-ZIP PALM BAY FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SUE LADON  
4.3 STREET ADDRESS 773 ATLANTIC RD S.E.  
4.4 CITY-ST-ZIP PALM BAY FL

TITLE D ☒ DELETE  
NAME BRADLEY, TOM  
STREET ADDRESS 1842 S.W. 17th Ave  
CITY-ST-ZIP PALM BAY FL 32907

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE

*Sue Ladon* 2/19/98

4-7-773-4997

CR2E037 (10/97)