

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # N94000001872 (0)

1. Corporation Name

CATALYST PROGRAMS, INC.

Principal Place of Business

Mailing Address

28163 US HWY 19 N.
#306
CLEARWATER FL 34621

P.O. BOX 46969
ST. PETE BEACH FL 33741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1994

3a. Date of Last Report
12/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

00000000

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 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

LOSCH, WILLIAM C
28163 US HWY 19 N.
STE. 306
CLEARWATER FL 34621

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 PD ☐ DELETE

NAME LOSCH, WILLIAM C
STREET ADDRESS 28163 US HWY 19 N., STE. 306
CITY-ST-ZIP CLEARWATER FL 34621

1.1 TITLE ☐ Change ☐ Addition

TITLE VDT ☐ DELETE

NAME DASILVA, ALISON A
STREET ADDRESS 11921 SUNSET LN
CITY-ST-ZIP TREASURE ISLAND FL 33706

2.1 TITLE ☐ Change ☐ Addition

TITLE VDS ☐ DELETE

NAME LOSCH, WILLIAM G
STREET ADDRESS 111 2ND AVE N #1001
CITY-ST-ZIP ST PETERSBURG FL 33707

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

600002303036
-09/25/97--01009--027
***61.25

14. I do 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

8-4-97 8137258122

CR2E037 (4/97)