

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 # **N94000005633 (2)**

1. Corporation Name

THE GILLIAM FAMILY REUNION, INC.



Principal Place of Business

**3861 38TH STREET SOUTH
ST PETERSBURG FL 33711**

Mailing Address

**P O BOX 13905
ST PETERSBURG FL 33733-3905**

3. Date Incorporated or Qualified
11/15/1994

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0538936

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

**LEE, BEVERLY
3303 18TH AVE S
ST PETERSBURG FL 33712**

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 **DP** ☐ DELETE
NAME **HAZLEY, CLARK**
STREET ADDRESS **4301 15TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **DV** ☐ DELETE
NAME **HAZLEY, TYRONE**
STREET ADDRESS **5650 21ST WAY S #602**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **DS** ☐ DELETE
NAME **LEE, BEVERLY**
STREET ADDRESS **3303 18TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **T** ☐ DELETE
NAME **HODGE, ELLIS**
STREET ADDRESS **2500 ANASTANIA WAY S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **AT** ☐ DELETE
NAME **GILLIAM, WILMA**
STREET ADDRESS **1326 19TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** ☐ DELETE
NAME **JO LEE, MARY**
STREET ADDRESS **3303 18TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Wilma Gilliam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

823-0796
Daytime Phone

CR2E037 (12/95)