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NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Apr 09 1998 8:00am Secretary of State

TOUT	HALLIANCE OF TARPON	SPRINGS, INC.	•		
Principal Place	e of Business	Mailing Address		- I TOBUTOL BLO JAKON GIŞIN GALIN STILL DƏNIN BAK	
555 EAST HARRISON STREET 453 E OAKWOOD ST TARPON SPRINGS FL 34689 TARPON SPRINGS FL 346			689	3. Date Incorporated or Qualified 07/03/1995	
				4. FEI Number 31-1484164	Applied For Not Applicable
2. Principal Pi	lace of Business	2a. Mailing Address			\$8.75 Additional
26			<u> </u>	5. Certificate of Status Desired	Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	6	City & State	·	7. Is this nonprofit corporation a homeow	
<u> </u>		28		☐ Yes	No No
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
<u></u>	9. Name and Address of Curri	29 29 Append Agent	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	S. Harris and Address of Contra	Translated Agent	81 Name	10. Harre and produces of flow Hogiston	a Agoin
TAYLOR	R, DONALD W		82 Street Add	ress (P.O. Box Number is Not Acceptable)	····
453 E OAKWOD ST		Street Add	iress (F.O. Box Number is Not Acceptable)		
	N SPRINGS FL 34689		83		·
			84 City		85 Zip Code
			- ",	F	<b>L</b>
		gations of, Section 617.0503, F	lorida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the s	•
SIGNATURE .	Signature, typed or printed name of registered s	gent and title if applicable. (NC	DTE: Registered Agent signature requ	uked when reinstating) DATE	
IGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NC	OTE: Registered Agent aignature requ		ND DIRECTORS IN 12
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