

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

19963-696

B-1701 C

DOCUMENT # N95000004727 (2)

1. Corporation Name

BUILDING TOMORROWS CHAMPIONS, INC.

Principal Place of Business

5070 BALDOCK AVE.
SPRING HILL FL 34608

Mailing Address

5070 BALDOCK AVE.
SPRING HILL FL 34608



3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3348011

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

DIVICCARO, GARY
5070 BALDOCK AVE.
SPRING HILL FL 34608

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 P D ☐ DELETE
NAME DIMICCARO, JOSEPH
STREET ADDRESS 10170 SLEEPY WILLOW CT.
CITY-ST-ZIP SPRING HILL FL 34608

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRES ☒ Change ☐ Addition
DIVICCARO, JOSEPH
4252 DRISTOL AVE.
SPRING HILL FL. 34609

TITLE V D ☐ DELETE
NAME JACOBS, MICHAEL
STREET ADDRESS 14025 TYRINGHAM ST.
CITY-ST-ZIP SPRING HILL FL 34609

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S D ☐ DELETE
NAME DIMICCARO, MARK G
STREET ADDRESS 10170 SLEEPY WILLOW CT.
CITY-ST-ZIP SPRING HILL FL 34608

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SEC ☒ Change ☐ Addition
DIVICCARO, MARK G.
12095 ELGIN BLVD.
SPRING HILL FL. 34608

TITLE T D ☐ DELETE
NAME DIMICCARO, GARY F
STREET ADDRESS 5070 BALDOCK AVE.
CITY-ST-ZIP SPRING HILL FL 34608

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

1/24/96

(813)841-6934

CR2E037 (12/95)