

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000087 (4)**

1. Corporation Name

SPECIALTY AGENTS POLITICAL AWARENESS COMMITTEE, INC.



Principal Place of Business 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address 305 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714
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3. Date Incorporated or Qualified
01/05/1996

4. FEI Number 59-3350887	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

**SPECIALTY AGENTS - MICHELE VICUERY
305 SPRING LAKE HILL PL
ALTAMONTE SPGS FL 32714**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, FRANK	
STREET ADDRESS	5387 SW ANAHIGA AVE	
CITY-ST-ZIP	PALM CITY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING, ADRIENNE	
STREET ADDRESS	4501 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LUCAS, CAREN	
STREET ADDRESS	32321 HAVEN CT #100	
CITY-ST-ZIP	LEESBURG FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	JENKINS, ELI	
STREET ADDRESS	5285 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HILL, RICHARD	
STREET ADDRESS	5211 TIMUQUANA RD #6	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98 407-786-0077
Date Daytime Phone # 0013000

CR2E037 (10/97)