

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90029 044 \*\*\*\*61.25

**DOCUMENT # N96000000089**

1. Corporation Name

**SPECIALTY AGENTS POLITICAL ACHIEVEMENT COMMITTEE  
, INC.**

Principal Place of Business

5211 TIMUGUANA ROAD  
#6  
JACKSONVILLE FL 32210  
US

Mailing Address

5211 TIMUGUANA ROAD  
#6  
JACKSONVILLE FL 32210  
US



2. Principal Place of Business

21 **305 SPRING LAKE HILLS DR.**

2a. Mailing Address

26 **305 SPRING LAKE HILLS DR.**

3. Date Incorporated or Qualified

**01/05/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3350889**

Applied For

Not Applicable

City & State

23 **Altamonte Springs FL**

City & State

28 **Altamonte Springs FL**

Zip

Country

24 **32714**

25 **Seminole**

Zip

Country

29 **32714**

30 **Seminole**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, ELI S  
5265 PARK BLVD  
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name

**Michelle Vickery**

82 Street Address (P.O. Box Number is Not Acceptable)

**305 Spring Lake Hills Dr.**

83

84 City

**Altamonte Springs**

FL

85 Zip Code

**32714**

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

**Michelle Vickery**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-1-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME HILL, RICHARD  
STREET ADDRESS 5211 TIMUGUANA ROAD, #6  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

D  
NAME FLEMING, ADRIENNE  
STREET ADDRESS 4501 N NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

SD  
NAME LUCAS, CAREN  
STREET ADDRESS 32321 HAVEN COURT #100  
CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

TD  
NAME JENKINS, ELI  
STREET ADDRESS 5265 PARK BLVD  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99 904-778-1511**

Date

Daytime Phone #

CR2E037 (1/98)

0005283