

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001239 (0)**

1. Corporation Name

**ALLEN OUTREACH AND COMMUNITY DEVELOPMENT CENTER,  
INC.**

Principal Place of Business

Mailing Address

**2010 NORTH NEBRASKA AVENUE  
TAMPA FL 33602**

**2010 NORTH NEBRASKA AVENUE  
TAMPA FL 33602**



3. Date Incorporated or Qualified

**03/06/1996**

4. FEI Number

**54-3171828**

Applied For

**APPLIED FOR**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. Box 76641**

**22** City & State

**27** Suite, Apt. #, etc.  
**28** **TAMPA, FL.**

**23** City & State

**28** **TAMPA, FL.**

**24** Zip

Country

**29** Zip

Country

**25**

**30**

**31**

**32**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, FRANK S ESO  
3560 N. 29TH STREET  
TAMPA FL 33605**

**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** ☐ DELETE  
NAME **CUMMINGS, FRANK C**  
STREET ADDRESS **112 W. ADAMS STREET STE 1814**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **DAWKINS, HARRY L**  
STREET ADDRESS **912 3RD AVENUE, NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33711**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **FORTUNE, MOZELLE**  
STREET ADDRESS **721-85TH AVENUE EAST**  
CITY-ST-ZIP **BRADENTON FL 34208**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LONG, CHARLES**  
STREET ADDRESS **6718 ISLANDER LANE**  
CITY-ST-ZIP **TAMPA FL 33615**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SMITH, ELIZABETH P**  
STREET ADDRESS **2205 N. GRADY AVENUE**  
CITY-ST-ZIP **TAMPA FL 33607**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **RALA** ☐ DELETE  
NAME **STEWART, FRANK S**  
STREET ADDRESS **3560 N. 29TH STREET**  
CITY-ST-ZIP **TAMPA FL 33605**

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.

SIGNATURE:

*Elizabeth P. Smith*

5/12/98 813-872-6420

CP2E037 (10/97)