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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000001437 (0)

1. Corporation Name

0550 : COMMUNITY INVOLVEMENT AND COMMITMENT CLUB  
OF TAMPA, INC.



Principal Place of Business

Mailing Address

3909 E. CARACAS ST.  
TAMPA FL 33610-6627

P.O. BOX 11067  
TAMPA FL 33680-1067

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

59-3366018

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

YORK, DOROTHY C  
3909 E. CARACAS ST.  
TAMPA FL 33610-6627

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 ☐ DELETE  
NAME PARKER, WILLIE L JR.  
STREET ADDRESS 2613 CRESTFIELD DR.  
CITY-ST-ZIP VALRICO FL 33594

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

TITLE ☐ DELETE  
NAME FREENEY, MARY A  
STREET ADDRESS 7887 NIAGRA AVE.  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE ☐ DELETE  
NAME DOSS, FRANCES B  
STREET ADDRESS 15429 POND WOODS DR. E.  
CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DOSS, FRANCES B  
3.3 STREET ADDRESS 6744 Busch Oaks Street  
3.4 CITY-ST-ZIP Tampa, Florida 33617

TITLE ☐ DELETE  
NAME ECCLES, ANNA L  
STREET ADDRESS P.O. BOX 302  
CITY-ST-ZIP THONOTOSASSA FL 33592

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

TITLE ☐ DELETE  
NAME YORK, DOROTHY C  
STREET ADDRESS 3909 E. CARACAS ST.  
CITY-ST-ZIP TAMPA FL 33610-6627

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

TITLE ☐ DELETE  
NAME HAYES, ANTONIA A  
STREET ADDRESS 10911 KENBROOK DR.  
CITY-ST-ZIP RIVERVIEW FL 33569

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.

CR2E037 (10/97)