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04-22-1999 90083 040 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000001638

1. Corporation Name

CHRISTY'S HOME OF FLORIDA, INC.

Principal Place of Business

6817 SWAIN AVE.
TAMPA FL 33629
US

Mailing Address

6817 SWAIN AVE.
TAMPA FL 33629
US

386065-90083-40



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33625-3919 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33625-3919 30

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3456274

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

9. Name and Address of Current Registered Agent

TAYLOR, BENNIE D
6817 SWAIN AVE.
TAMPA FL 33625-3919

10. Name and Address of New Registered Agent

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

TITLE PD
NAME KEENE, MICHELLE
STREET ADDRESS 4907 SHIRLEY DRIVE
CITY-ST-ZIP TAMPA FL 33603

☐ DELETE

TITLE VDST
NAME TAYLOR, BENNIE
STREET ADDRESS 3709 SAN MIGUEL ST W
CITY-ST-ZIP TAMPA FL 33629

☐ DELETE

TITLE D
NAME NELSON, VIRELLA
STREET ADDRESS 13843 AZALEA CIR APT 26D
CITY-ST-ZIP TAMPA FL 33613

☐ DELETE

TITLE D
NAME ERWIN, SCOTT D
STREET ADDRESS 3510 WINN LEE DR
CITY-ST-ZIP DOVER FL 33527

☐ DELETE

TITLE SD
NAME VIALIZ, WILDA
STREET ADDRESS 13843 AZALEA CIR APT 26 D
CITY-ST-ZIP TAMPA FL 33613

☐ DELETE

TITLE TD
NAME HARRIS, DANIEL A
STREET ADDRESS 2905 KNIGHTS STATION RD
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

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

6817 SWAIN AVE
TAMPA, FL 33625-3919

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

13875 AZALEA Circle Apt 2-5
Tampa FL 33613

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

13875 AZALEA Circle Apt 2-5
Tampa, FL 33613

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (813) 963-5730
Date Daytime Phone #

CR2E037 (11/98)