FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham * 4

Secretary of State DIVISION OF CORPOR/*FIONS

1997
DOCUMENT #

N96000002580 (6)

LIFE SKILLS URBAN BUSINESS INCUBATOR FOUNDATION, INCORPORATED

4320 W KENNEDY BLVD TAMPA FL 33609

Principal Place of Business

Mailing Address

4320 W KENNEDY BLVD TAMPA FL 33609-2127

FILED Mar 17 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified 05/08/1996

2. Principal Place of Business				2a. Mailing Address					4. FEI Number	Ar	pplied For		
21			26	26					59-3406419	N.	ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75	Additional		
22			27					5. Certificate of Status Desired		equired			
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be			
23								Trust Fund Contribution	T '	to Fees			
Zip	Country			Zip Cou			ry 8. This corporation has liability for intang		ible tax under s. 199.032.				
24	25			30					Florida Statutes				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
							81 Name						
RUSH, CECIL C													
4320 W KENNEDY BLVD						Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL 33609						83							
IAMPA F	-L 33008										}		
						84	City		F	L 85 Zip	Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the al								e 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.													
	1	m, and accept, and compe		,, -55	.,		•				Ì		
SIGNATURE _	Signature, typed	or printed name of registered age	nt and little	e if applicable	(NOTE Regis	lered Age	ni s-gnalure	required	d when reinstating) DATE				
12.		OFFICERS AND DIRECTORS 13				3.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE				DELETE	E 1	.1 TITLE		D		Change	X Addition		
NAME -		1,21				1.2 NAME Walter, James W. Jr.							
STREET ADDRESS				1.3 S			ADDRESS						
CITY-ST-ZIP	\				1.4 CITY-ST-ZIP			Tampa, FL 33609					
TITLE					1 TITLE	1 211	D Change Addition						
NAME						2 NAME		_	1. 0				
STREET ADDRESS						.3 STREET	roporce.		sh, Cecil C. Jr.				
									09 DeLeon St.		ļ		
CITY-ST-ZIP				DELETE		. 4 CITY - S	51 - ZIP	Tar	mpa, FL 33609	Change	Addition		
TITLE				DECENIE			1	D		□ Citange	Zaj Audition		
NAME						.2 NAME		Day	yle, Dennis		ľ		
STREET ADDRESS						.3 STREET		12	14 St.Tropez Circle				
CITY-ST-ZIP				Locure		4. CITY-S	37 - ZIP	Or:	1 ando, FL32806		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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NAME					4	. 2 NAME					1		
STREET ADDRESS					4	.3 STREET	ADDRESS				Į.		
CITY-ST-ZIP						.4 CITY - S	T-ZIP						
TITLE				☐ DELETE	E 5	1 TITLE	Ī			Change	☐ Addition		
NAME					5	2 NAME	1						
STREET ADDRESS					5	3 STREET	ADDRESS				\		
CITY-ST-ZIP					5	.4 CITY - SI	T - ZIP						
TITLE				DELETE		.1 TITLE				Change	Addition		
NAME					6	.2 NAME				-	į		
STREET ADORESS					1	.3 STREET	ADDRESS				j		
CITY-ST-ZIP						.4 CITY-SI					•}		
14. I do hereb	ov certify the	t the information supplier	with the	his filing does not a	qualify for t	he exe	notion st	ated in	n Section 119.07(3)(i), Florida Statutes, Lifurt	her certify that	the		
14. I do 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 phoort is type 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 to size empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on the accuracy with an hadress.													