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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600003874 (2)

CITIZEI Principal Plac	NS SAVING COMMUNITIES	S FOUNDATION, INC.			
12402 N 56TH ST TAMPA FL 33617 US		3615 WEST WATERS STE 33 TAMPA FL 33614	1	3. Date Incorporated or Qualified 07/24/1996 4. FEI Number	Applied For
				59-3390575	Not Applicable
2. Principal P 21	tace of Business	28. Mailing Address 26. /2402 /V. 5 Suite, Apt. #, etc.	6 74 55	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.			6. Election Campaign Financing	\$5.00 May Be
City & Stat	A	27 TAMA FL City & State		7. Is this nonprofit corporation a homeowner	Added to Fees
23	•	28 334/7			S association? □ No
Zip	Country	Zip	Country	6. This corporation owes or has paid the cur	rent year Intangible
24	26	29 3	0		Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	ngent
HOHEN	IOOCOU ID				
HOLLER, JOSEPH JR. 12402 N 56TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	FL 33617		83		
I CAMILY (C 00017		84 City		Ind 20 Code
			11.	FL	85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli- signature typed or printed name of registered a		thorized by the corporal da Statutes. Registered Agent signature requi	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint when reinstaling)	ointment as registered
12.		ND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.11TLE		Change Addition
NAME	HOLLER, JOSEPH		1.2)WME		
STREET ADDRESS	805 COULTER CIRCLE		1.3 TREET ADDRESS		
CITY-ST-ZIP	BRANDON FL D	DELETE	1.42TY-ST-ZIP		Change Addition
TITLE	HOLLER, VICKI		22 NAME		Cliende Clivadilloit
NAME STREET ADDRESS	805 COULTER CIRCLE		2.3 TREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		2. 4PTY-ST-ZIP		
TITLE	D	DELETE	3.1 TLE		Change Addition
NAME	MEHELE, WILLIAM		3.2 AME		
STREET ADDRESS	13155 NORTH 19TH STREE	T	3.3 TREET ADDRESS		İ
CITY-ST-ZIP	TAMPA FL		3.4.8TY - ST - ZIP		
TITLE	I	Lociete			
HAME	ł	☐ DELETE	4.1112		Change Addition
		☐ DELETE	4.1812 4. AME		Change Addition
STREET ADDRESS		☐ DELETE	4.1TLZ 4. AME 4.5TREET ADDRESS		Change Addition
CITY-ST-ZIP		☐ DELETE	4.1812 4. AME		
CITY-ST-ZIP TITLE			4.11/2 4.2ME 4.3TREET ADDRESS 4.3TTY-ST-ZIP		Change Addition Change Addition
CITY-ST-ZIP			4.THE 4.TAME 4.TREET ADDRESS 4.TITY-ST-ZIP 5.TITLE		
CITY-ST-ZIP TITLE NAME		DELETE	4.THE 4.TME 4.TREET ADDRESS 4.2TY-ST-ZIP 5.TILE 5.4AME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.11/2 4. AME 4.3TREET ADDRESS 4.3TTY-ST-ZIP 5/TILE 54AME 5/TREET ADDRESS 6/TY-ST-ZIP 6/TILE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.11/2 4. AME 4.3TREET ADDRESS 4.2ITY-ST-ZIP 5/TILE 54AME 53TREET ADDRESS 6.3TY-ST-ZIP 6TILE 6IAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.11/2 4. AME 4.3TREET ADDRESS 4.3TTY-ST-ZIP 5/TILE 54AME 5/TREET ADDRESS 6/TY-ST-ZIP 6/TILE		☐ Change ☐ Addition

I nereby certify that the information supplied with this hing does not qualify for the emphasis stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurated that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation on the receiver or trustee empowered to executhis 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:

4/23/58

FILED

May 05 1998 8:00am

Secretary of State