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Apr 06 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 # **N96000004245 (4)**

1. Corporation Name

**THE INNER-CITY BRIGHTER LIFE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4410 N 34TH ST  
TAMPA FL 33610**

**4410 N 34TH ST  
TAMPA FL 33610**

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

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/14/1996**

4. FEI Number

**59-3396533**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**JACOBS, SOLOMON  
4403 JOHN BELL DR  
TAMPA FL 33610**

**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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARRIS, MRS. MARTHA</b>	
STREET ADDRESS	<b>4512 34TH ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBS, CHEVELLA</b>	
STREET ADDRESS	<b>1227 OSBORNE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBS, LATOSHA</b>	
STREET ADDRESS	<b>12768 PALMER CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Solomon Jacobs</b>	
1.3 STREET ADDRESS	<b>4410 N.34th Street</b>	
1.4 CITY-ST-ZIP		

2.1 TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Chevella Jacobs</b>	
2.3 STREET ADDRESS	<b>933 11th Ave.</b>	
2.4 CITY-ST-ZIP	<b>Tampa, Fl 33605</b>	

3.1 TITLE	<b>Excutive Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lee Burt Clark</b>	
3.3 STREET ADDRESS	<b>3727 E. Caracua St.</b>	
3.4 CITY-ST-ZIP	<b>Tampa FL</b>	

4.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Latosha Jacobs</b>	
4.3 STREET ADDRESS	<b>12678 Palmer Cir</b>	
4.4 CITY-ST-ZIP	<b>Tampa FL</b>	

5.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Chevella Jacobs</b>	
5.3 STREET ADDRESS	<b>933 11th Ave</b>	
5.4 CITY-ST-ZIP	<b>Tampa Fl</b>	

6.1 TITLE	<b>Excutive Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Versey James</b>	
6.3 STREET ADDRESS	<b>4410 N. 34th Street</b>	
6.4 CITY-ST-ZIP	<b>Tampa, Fl 33610</b>	

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:

*Solomon Jacobs*

**Solomon Jacobs March 10, 1998 239-0506**

CR2037 (1097)