FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600005261 (0)
1. Corporation Name

THE CARROLL COMMUNITY DEVELOPMENT ASSOCIATION, I

Principal Place of Business

534 PENINSULAR DRIVE

Mailing Address

FILED Feb 05 1997 8:00am Secretary of State



Daytime Phone # 0052886

534 PENINSULAR DRIVE LAKELAND FL 33813			P.O. BOX 6189 Lakeland FL 33807-6189					
						3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last	Report
2.	Principa' Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21			26			59-3405617 Not A		Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	}	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	ntangible tax under	s. 199.032,
24		25	29	30		Florida Statutes	Yes 🛛 No	
		9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
					81 Name			
	STUART,	JANET M		-	82 Street Address (P.O. Box Number is Not Acceptable)			
	ONE LAK	KE MORTON DRIVE						
	LAKELAN	ID FL 33801		Ī	83			
				-	84 City		FL 85 Zi	p Code
-11	Burguard I	a the provisions of Spetions 617.0600	and 617 1609 Florida State	utoc the ab	oue named so	rporation submits this statement for the p		te registered
''	office or re	o the provisions of sections of 7.0502 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	s authorized	by the corpor	ation's board of directors. I hereby accep	of the appointment a	as registered
SI	GNATURE _	Signature, typed or printed hadie of registered ager	t and title if applicable (NC	OTE: Registered	Agent signature reg	julred when reinstaring)	DATE	
12		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
711	l.E	D	DELETE	1.1 TiT	LE		Change	e 🔲 Addition
NA	ME	CARROLL, PAMELA A		1.2 NA	ME			
STI	REET ADDRESS	534 PENINSULAR DRIVE		1.3 \$11	REET ADDRESS			
	Y-ST-ZIP	LAKELAND FL 33813		14 CH	Y-ST-ZIP			
TiT		D	DELETE	2 1 TIT		P	Change	e Addition
NA	ME	LEWIS, JEFFREY B		2.2 NA	ME	•		
STE	REET ADDRESS	1628 DOOLEY LANE		2.3 ST	REET ADDRESS			
	Y-SI- <i>Z</i> iP	LAKELAND FL 33813		2. 4 CI	TY+ST-ZiP			
TIT		D	DELETE	3.1 111			Change	e Addition
NA	ME I	MATHEWS, RANDY		3 2 NA	ME			
ST	REE1 ADDRESS	502 DON EL STREET		3.3 ST	REET ADDRESS			
CH	Y-S1-ZIP	LAKELAND FL 33813		3.4. 00	TY-ST-ZIP			
TiT		D	DELETE	41 TiT		r, s	☐ Change	e 🙀 Addition
NA	ME	ROSS, K K		4. 2 NA		· J ···		
ST	REET ADDRESS	3803 OLD ROAD 37, #46		4.3 ST	REET ADDRESS			
CII	IY-ST-ZIP	LAKELAND FL 33813		4.4 CIT	Y-ST-ZIP			
111	LE	D	☐ DELETE	5.1 10	LE		Chang	e 🔀 Addition
NA	ME	PATTON, JACK	•	5.2 NA	ME		10%	
SI	reet address	1708 BIRCHWOOD LO	06 P	5.3 ST	reet address		~ Z. C.	
_CI1	IY-ST-ZIP	LAKELAND, FL 33	811	5.4 CI1	TY-ST-ZIP		3, V.	
711	LE		DELETE	6.1 TIT	'LE		Chang	e 🔲 Addition
NA	ME			6.2 NA	ME	~ ~	,	
\$1	REET ADDRESS			6.3 ST	REET ADDRESS			
Cil	ry-st-zip			6.4 CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
14	l. I do hereb	by certify that the information supplied	with this filing does not qua	alify for the	exemption stat	ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the
'	informatio	n indicated on this annual report or s	upplemental annual report is	s true and a	ccurate and th	nat my signature shall have the same lega ort as required by Chapter 617, Florida S	al effect as if made i	under oath: