FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005776 (7) DOCUMENT # 1. Corporation Name

NORTH BON AIR NEIGHBORHOOD, INC.

| Principal Place of Business | | Mailing Address | | r emorrame men amein arrica schief marria monte maner | I DOIDI DIFEF FEBRI EDATO BIJE EDEI |
|--|---|--|--|---|-------------------------------------|
| 3817 NORTH A STREET. WEST TAMPA FL 33609-2702 | | 3817 NORTH A STREET. W TAMPA FL 33609 | EST | | |
| | | | | 11/07/1996 | Date of Last Report |
| - | Place of Business | 2a. Mailing Address | | 4. FEI Number 59-341-139-5 | Applied For |
| 21 Suite, Apt | . #. etc. | 26 Suite, Apt. #, etc. | | | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | te | City & State | | Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country 25 | Z _I p 29 | Country 30 | This corporation has liability for intangib Florida Statutes | |
| 27 | 9. Name and Address of Currel | | 30] | 10. Name and Address of New Registered | |
| | | | 81 Name | | |
| O'DONOGHUE, J E SR. 3915 FIG STREET, WEST | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | FL 33609-1219 | | 83 | ······································ | |
| ., ., ., | | | 84 City | | 85 Zip Code |
| dd Danna | Commission of Brighton Art ore | 00 - 4 017 4500 Firstly Cont. | | F | L |
| office or | registered agent, or both, in the State | of Florida. Such change was au | is, the above-hamed col uthorized by the corpora | rporation submits this statement for the purpose ation's board of directors. I hereby accept the arms | of changing its registered |
| 1 | arnifamiliar with, and accept the oblig | patitions of, Section 617.0503, Flor | rida Statutes. | 2-// | 19/97 |
| SIGNATURE | lignature typed or primed name of registered ag | en and title if applicable. (NOTE: | Registered Agent signature requ | ulrad when reinstating) DATE | 4 |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE U | / D | ☐ DELETE | 1.1 TITLE | laha Dainter | Change Addition |
| NAME | PATRICK, EDNA | •^~ | 1.2 NAME | John Painter 1825 North B street West | - |
| STREET ADDRESS | 3817 NORTH A STREET, WE TAMPA FL 33609-2702 | :81 | 1.3 STREET ADDRESS | impa FL 33609 | |
| CITY-ST-ZIP TITLE | D | ☐ DELETE | 1.4 CITY - SY-ZIP #C | | Change Addition |
| NAME | O'DONOGHUE, J E SR. | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33609 | | | | |
| TITLE | 1 B | | 2. 4 CITY-ST-ZIP | | |
| | D D | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME CIRCL ADDRESS | LONG, JOCELYN | DELETE | 3.1 TITLE 3.2 NAME | | Change Addition |
| STREET ADDRESS | LONG, JOCELYN 4007 FIG STREET, WEST | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | ☐ Change ☐ Addition |
| | LONG, JOCELYN 4007 FIG STREET, WEST TAMPA FL 33609 | DELETE | 3.1 TITLE 3.2 NAME | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | LONG, JOCELYN 4007 FIG STREET, WEST TAMPA FL 33609 D | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | LONG, JOCELYN 4007 FIG STREET, WEST TAMPA FL 33609 D CALIFANO, TINA | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | LONG, JOCELYN 4007 FIG STREET, WEST TAMPA FL 33609 D CALIFANO, TINA | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME | | Change Addition |
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6.4 CITY-ST-ZIP

TAMPA FL 33609

CITY-ST-ZIP

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 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:

2-18-97
8/3-877-2350

FILED

Feb 26 1997 8:00am

Secretary of State