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**Secretary of State**

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0060335

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000000335**

1. Corporation Name

**EASTSIDE MULTICULTURAL COMMUNITY SCHOOL, INC.**

Principal Place of Business  
4701 EAST HANNA AVENUE  
TAMPA FL 33610

Mailing Address  
4701 EAST HANNA AVENUE  
TAMPA FL 33610



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/21/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3456210

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILMORE, RICARDO L  
ONE BARNETT PLAZA  
101 E KENNEDY BLVD SUITE 3200  
TAMPA FL 33601

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
KENNEDY, ERNEST  
STREET ADDRESS  
5705 HARBORSIDE DRIVE  
CITY-ST-ZIP  
TAMPA FL 33615

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
FRAIZER, HYCOTD D  
STREET ADDRESS  
16162 GARDENDALE DR  
CITY-ST-ZIP  
TAMPA FL 33624

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME  
ELAM, DONNA  
STREET ADDRESS  
5705 HARBORSIDE DRIVE  
CITY-ST-ZIP  
TAMPA FL 33615

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
LANG, ALFRED  
STREET ADDRESS  
5617 GIBSON AVENUE, #D-2, BOX 17028  
CITY-ST-ZIP  
TAMPA FL 33617

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Ernest Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

Daytime Phone #

813 620-0998

CR2E037 (11/98)