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Apr 20 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 # **N97000000620 (1)**

1. Corporation Name

**SULPHUR SPRINGS NEIGHBORHOOD PARTNERSHIP FOR THE  
NEXT GENERATION, INC.**

Principal Place of Business

Mailing Address

**8405 11 STREET  
TAMPA FL 33604**

**8405 11 STREET  
TAMPA FL 33604**



3. Date Incorporated or Qualified

**01/31/1997**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTON, DAVID  
8216 13 STREET  
TAMPA FL 33604**

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, to 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTON, DAVID</b>	
STREET ADDRESS	<b>8216 13 ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, WILEY</b>	
STREET ADDRESS	<b>1802 E BIRD STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, SANDRA</b>	
STREET ADDRESS	<b>1010 E YUKON ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, ANITA</b>	
STREET ADDRESS	<b>1102 E OKALOOSA ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMPSON, LAURA</b>	
STREET ADDRESS	<b>8616 N 10 STREET #B</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>D'ARCY, JIM</b>	
STREET ADDRESS	<b>8614 N 10 ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARTHA BALLETT</b>	
1.3 STREET ADDRESS	<b>8501 N ELMER ST.</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33604</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

**DAVID ANTON, DIR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0049004**

CR2E037 (10/97)