

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001115 (1)

1. Corporation Name

CAREERISTS.ORG INC.

Principal Place of Business

3 SANTA LUCIA AVE
ORMOND BEACH FL 32174

Mailing Address

3 SANTA LUCIA AVE
ORMOND BEACH FL 32174

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

POWERS, JIM
3 SANTA LUCIA AVE
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-353 7837

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

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 (No Change) Jim Powers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

9/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
same ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
Dir Jim Powers 3 Santa Lucia Ave Ormond Beach FL 32174 ☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
Jean Powers 638 Kirkland Way #4 Kirkland WA 98033 ☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
Jerry Powers 1450 Highland View Dr. #E107 Boise ID 83702 ☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
700002674867-6 -10/28/98-01083-022 *****61.25 *****61.25 ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Jim Powers Jim Powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

Date

904-613-6951

Daytime Phone #

FILED

98 OCT 26 PM 2:19

SECRETARY OF STATE
OFFICE, FLORIDA



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