## **FILE NOW: FILING FEE IS \$61.25**

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City & State

NONPROFIT CORPORATION

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Zip

City & State



FLORIDA DEPARTMENT OF STATE

## Jan 30 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N97000003102 (7) LEAH'S HANDICAP PLAYGROUND MEMORIAL, INC. Principal Place of Business Mailing Address 4227 2ND AVENUE NORTH 4227 2ND AVENUE NORTH 3. Date Incorporated or Qualified ST. PETERSBURG FL ST. PETERSBURG FL 05/27/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc.

GIRAUD, MARILYN 4227 2ND AVENUE NORTH ST. PETERSBURG FL

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Country

9. Name and Address of Current Registered Agent

	Personal Property Tax due June 30. Li 1es 23 No							
10. Name and Address of New Registered Agent								
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City 85 Zip Code							

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Yes

6. Election Campaign Financing

Trust Fund Contribution

**FILED** 

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.

Country

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SIGNATURE .	Signature, typed or printed name of registered agent and	iille if anniicabie (NOTE:	Registered Agent signature requ	ired when reinstation	DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO C		S IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	GIRAUD, MARILYN		1.2 NAME			
STREET ADDRESS	4227 2ND AVENUE NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY-ST-ZIP			
TITLE	VD.	DELETE	2.1 TITLE		☐ Change	Addition
NAME	MOONEY, MARY		2.2 NAME			
STREET ADDRESS	2360 7TH AVENUE NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		2. 4 CITY-ST-ZIP			
TITLE	ΤĎ	☐ DELETE	3.1 TITLE	·	☐ Change	Addition
NAME	DELOACHE, MARY E		3.2 NAME			
STREET ADDRESS	4623 ALISA CIRCLE, NE		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4. CITY-ST-ZIP			
TITLE	SD	DELETE	4.1 TITLE		Change	Addition
NAME	HANNON, CAROL A		4. 2 NAME			
STREET ADDRESS	3704 37TH STREET NORTH		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		4.4 CITY-ST-ZIP			
TITLE	•	DELETE	5.1 TITLE		☐ Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	2*		
017V_07_7ID			S 4 CITY_CT_7ID			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

\$5.00 May Be

Added to Fees

**⊠** No