

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 06 1998 8:00am  
Secretary of State

Non-PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000003682  
1. Corporation Name  
The Community Lupus Support  
Group Inc.

Principal Place of Business Mailing Address  
3750 19th Ave. So. P.O. Box 14465  
St. Pete, FL 33711 St. Pete, FL 33713-4465

Non-Profit  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 3750 19th Ave So	26 P.O. Box	June 26, 1997	59-3459577	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 St. Petersburg Florida	28 St. Petersburg Florida	Trust Fund Contribution <input type="checkbox"/>		
24 Zip	29 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 33711	29 33713			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Josephine Morris 3750 19th Ave So St. Pete, FL 33713		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Josephine Morris Josephine Morris 6-27-98  
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	Director	<input checked="" type="checkbox"/> DELETE	11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Elmer Jackson		12 NAME	Alvelita Donaldson			
STREET ADDRESS	1480 Porpoise Dr. S.E.		13 STREET ADDRESS	955 23rd Ave. So.			
CITY-ST-ZIP	St. Pete, FL 33705		14 CITY-ST-ZIP	St. Pete, FL 33705			
TITLE	Director	<input checked="" type="checkbox"/> DELETE	21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Teresa Mitchell		22 NAME	Mary Bradley			
STREET ADDRESS	5577 9th St. So.		23 STREET ADDRESS	1035 18th Ave So			
CITY-ST-ZIP	St. Pete, FL 33705		24 CITY-ST-ZIP	St. Pete, FL 33705			
TITLE	Director	<input type="checkbox"/> DELETE	31 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Josephine Morris		32 NAME	Bennie Allen			
STREET ADDRESS	3750 19th Ave S.		33 STREET ADDRESS	3944 11th Ave S.			
CITY-ST-ZIP	St. Petersburg, FL 33711		34 CITY-ST-ZIP	St. Petersburg, FL 33711			
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Bennie Alvelita Donaldson		42 NAME				
STREET ADDRESS	955 23rd Ave S.		43 STREET ADDRESS				
CITY-ST-ZIP	St. Pete FL 33705		44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

Josephine Morris (813)

CR2E034 (10/97)