

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90193 010 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003682**

1. Corporation Name

**THE COMMUNITY LUPUS SUPPORT GROUP INC.**

Principal Place of Business  
 3750 19TH AVE SO.  
 ST PETERSBURG FL 33711

Mailing Address  
 PO BOX 14465  
 ST PETERSBURG FL 33733



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/26/1997 4. FEI Number 59-3459577 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**MORRIS, JOSEPHINE**  
**3750 19TH AVE S**  
**ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, ALVELITA	1.2 NAME	
STREET ADDRESS	955 23RD AVE. SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, MARY	2.2 NAME	Korey Morris
STREET ADDRESS	1035 8TH AVE SO.	2.3 STREET ADDRESS	4924 1/2 Beach Dr SE
CITY-ST-ZIP	ST PETERSBURG FL 33705	2.4 CITY-ST-ZIP	St Petersburg, FL 33705
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOSEPHINE	3.2 NAME	
STREET ADDRESS	3750 19TH AVE. SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, ALVELITA	4.2 NAME	
STREET ADDRESS	955 23RD AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BENNIE	5.2 NAME	
STREET ADDRESS	3944 11TH AVE SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a different like empowered.

SIGNATURE:

*Josephine Morris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

727-327-5057

Daytime Phone #

CR2E037 (11/98)