

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 048 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N97000004359

1. Corporation Name

COLOR ME HUMAN - TAMPA BAY, INC.



* 5 9 8 5 3 7 - 9 0 0 2 3 - 4 8 * 7 *

Principal Place of Business

Mailing Address

1024 59TH AVE. S.
 ST. PETERSBURG FL 33705

1024 59TH AVE. S.
 ST. PETERSBURG FL 33705



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **Free Clinic 2335 22nd**

26 **Free Clinic, 2335**

07/30/1997

Suite, Apt. #, etc.
Avenue S

Suite, Apt. #, etc.
22nd. Ave. S

4. FEI Number
31-1583315

Applied For
 Not Applicable

23 City & State
St. Petersburg, FL

27 City & State
St. Petersburg, FL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip **33712**

25 Country
USA

29 Zip **33712**

30 Country
USA

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, BETTIE J
1024 59TH AVE. S.
ST. PETERSBURG FL 33705

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, 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 **PD** DELETE
 NAME **MCCORD, BARBARA**
 STREET ADDRESS **1024 59TH AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

1.1 TITLE **President** Change Addition
 1.2 NAME **Bernice Darling**
 1.3 STREET ADDRESS **1434 23rd Ave. S**
 1.4 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **VD** DELETE
 NAME **DARLING, BERNICE**
 STREET ADDRESS **1024 59TH AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

2.1 TITLE **Vice-President** Change Addition
 2.2 NAME **Marcie Biddleman**
 2.3 STREET ADDRESS **736 71st Ave. N**
 2.4 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **SD** DELETE
 NAME **GOLLER, ELAINE**
 STREET ADDRESS **1024 59TH AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

3.1 TITLE **Secretary** Change Addition
 3.2 NAME **Plinrat Maria Payne**
 3.3 STREET ADDRESS **2574 36th Ave. N**
 3.4 CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **TD** DELETE
 NAME **WILLIAMS, MARY**
 STREET ADDRESS **1024 59TH AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

4.1 TITLE **Treasurer** Change Addition
 4.2 NAME **Mary Williams**
 4.3 STREET ADDRESS **510 Osceola Ave. N**
 4.4 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Date **July 21, 1999**

Daytime Phone # **(727) 893-7473**

CR2E037 (5/99)