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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000004508

1. Corporation Name

BELMONT/JACKSON HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business

1303 N. ARMENIA AVE.  
TAMPA FL 33607

Mailing Address

1303 N. ARMENIA AVE.  
TAMPA FL 33607



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3251774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GRAY, JIMMIE L  
1303 N. ARMENIA AVE.  
TAMPA FL 33607

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME CLARK, GRACE  
STREET ADDRESS 2412 E. CAYUGA ST.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME FULLER, LAURA  
STREET ADDRESS 3604 LINDELL AVE.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME HENDRIX, EMMA A  
STREET ADDRESS 3406-33RD AVE.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME STONE, MELVIN  
STREET ADDRESS 3508-33RD AVE.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME OWEN, GEORGIA M  
STREET ADDRESS 3706-E-38TH AVE.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME AYDELOTTE, JOSEPH J  
STREET ADDRESS 2916 E. 32ND AVE.  
CITY-ST-ZIP TAMPA FL 33610

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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; with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 813-253-0507

CR2E037 (11/98)