

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # N97000005081 (1)
Corporation Name

CHARITY FAMILY HOME, INCORPORATED



Principal Place of Business 2617 27TH AVE TAMPA FL 33605		Mailing Address 2617 27TH AVE TAMPA FL 33605		Date Incorporated or Qualified 09/09/1997	
		FEI Number 59-3512085		Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business 21 Same		Mailing Address 26 Same		Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Country 25		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	

Name and Address of Current Registered Agent JORDAN, SHENESE L 2617 27TH AVE TAMPA FL 33605		Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) N/A 83 City N/A 84 City N/A FL 85 Zip Code N/A	
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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 Shenesse L. Jordan (NOTE: Registered Agent signature required when reinstalling) DATE 6-26-98

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, TELICIA H 2617 27TH AVE TAMPA FL 33605	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ADKINS, ANNIE E 904 W NASSAU ST APT #144 TAMPA FL 33607	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTD ADKINS, ANNIE E 1216 N BLVD ST APT # 252 TAMPA FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, SHENESE L 2617 27TH AVE TAMPA FL 33605	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, TIMOTHY 11302 RIFK CT APT #117 TAMPA FL 33617	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D MACK, TIMOTHY 7102 Waterside TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORE, HELEN 5917 S DALE MABRY APT D TAMPA FL 33609	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, GEORGE E JR 3214 E PARIS ST TAMPA FL 33610	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E037 (10/97)

Shenesse L. Jordan 6-25-98 (813) 348-1100