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**Jun 21, 1999 8:00 am**  
**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 # N97000006687**

1. Corporation Name

**SAINT PATRICKS COMMUNITY IMPROVEMENT ASSOCIATION  
, INC.**

Principal Place of Business

418 N. SAPODILLA AVE.  
W. PLAM BEACH FL 33401

Mailing Address

418 N. SAPODILLA AVE.  
W. PLAM BEACH FL 33401



2. Principal Place of Business

21 418 Sapodilla Avenue

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

2a. Mailing Address

26 1170 Bimini Lane

Suite, Apt. #, etc.

27

City & State

28 Riviera Beach, FL

Zip

29 33404

Country

30

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

59-1463631

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

ROGERS, EDWARD  
1170 BIMINI LANE  
RIVIERA BEACH FL 33404

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

T ☐ DELETE

NAME RAHMING, BETTY C  
STREET ADDRESS 370 W 32ND ST  
CITY-ST-ZIP RIVIERA BCH FL 33404

D ☐ DELETE

NAME BRADSHAW, OLIVIA M  
STREET ADDRESS 817 2ND ST  
CITY-ST-ZIP W PALM BCH FL 33401

T ☐ DELETE

NAME CLOUGH, ORVILLE  
STREET ADDRESS 1442 PALM BEACH LAKES BLVD  
CITY-ST-ZIP W PALM BCH FL 33401

ST ☐ DELETE

NAME SHARRY, LETITIA  
STREET ADDRESS 827 BEECH RD  
CITY-ST-ZIP W PALM BCH FL 33409

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Olivia M Bradshaw* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)