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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004696

1. Corporation Name

ANNUNCIATION 30 + SINGLES, INC.

Principal Place of Business

ANNUNCIATION CHURCH
974 MONTGOMERY RD
ALTAMONTE SPRINGS FL

Mailing Address

P O BOX 160613
ALTAMONTE SPRINGS FL 32716-0613



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

☒ 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

SPRING, SHERRY
2607 HOLLY RD
WINTER PARK FL 32792-6002

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

Sherry Spring, Historian 4/7/99

Signature, typed or printed name of registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT ☒ DELETE
NAME: JOHN KHAJA
STREET ADDRESS: 622 Grenadine Ct. N.
CITY-ST-ZIP: WINTER PARK 32792

TITLE: Vice Pres ☒ DELETE
NAME: BOB MAUTINO
STREET ADDRESS: 1003 Gammage Tr.
CITY-ST-ZIP: Oviedo, FL 32765

TITLE: SECRETARY ☒ DELETE
NAME: NORMA DICKARD
STREET ADDRESS: 843 Jamestown Dr.
CITY-ST-ZIP: WINTER PARK, FL 32792

TITLE: TREASURER ☒ DELETE
NAME: KATHI SMITHERS
STREET ADDRESS: 543 LITTLE WAKIVA
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT "D" ☒ Change ☐ Addition
1.2 NAME: ANGELO R. PIAZZA
1.3 STREET ADDRESS: 880 WESLEY EISELE #202
1.4 CITY-ST-ZIP: APOKA, FL 32703

2.1 TITLE: VICE PRESIDENT "D" ☒ Change ☐ Addition
2.2 NAME: ROGER F. HATFIELD
2.3 STREET ADDRESS: 1220 BEATRICE DR.
2.4 CITY-ST-ZIP: ORLANDO, FL 32810

3.1 TITLE: SECRETARY "D" ☒ Change ☒ Addition
3.2 NAME: SUSAN HAMMERSCHMIDT
3.3 STREET ADDRESS: 366-103 Waterside Dr.
3.4 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701

4.1 TITLE: TREASURER "D" ☒ Change ☐ Addition
4.2 NAME: SHAY FRIEL
4.3 STREET ADDRESS: 447 MEANDER DR. N.
4.4 CITY-ST-ZIP: ALTAMONTE SPR, FL 32714

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:

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

4/7/99 (407) 774-7480
Date Daytime Phone #

CR2E037 (11/98)