

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90104 045 \*\*\*\*61.25

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**DOCUMENT # N98000005253**

1. Corporation Name

IT'S ALRIGHT TO SAY NO CLUB, INC.

Principal Place of Business

1010 W. 11TH ST.  
LAKELAND FL 33805

Mailing Address

1010 W. 11TH ST.  
LAKELAND FL 33805



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/15/1998

4. FEI Number

59-3543442

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

MANAGO, CASSANDRA  
1010 W. 11TH ST.  
LAKELAND FL 33805

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 DP  
NAME MANAGO, CASSANDRA  
STREET ADDRESS 1010 W. 11TH ST.  
CITY-ST-ZIP LAKELAND FL 33805

☐ DELETE

TITLE DV  
NAME YOUNG, CYNTHIA  
STREET ADDRESS 1108 SOUTHERN AVE.  
CITY-ST-ZIP LAKELAND FL 33815

☐ DELETE

TITLE DST  
NAME SHABAZZ, SHIRLEY  
STREET ADDRESS 7767 HABERSHAM DR.  
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE D  
NAME BEARD, LYNN  
STREET ADDRESS 405 FULTON GREEN RD.  
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 DIRECTOR ☐ Change ☒ Addition  
5.2 NAME BARNABY, LaVONNE  
5.3 STREET ADDRESS 635 LIMBER LANE.  
5.4 CITY-ST-ZIP LAKELAND FL 33810

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:

*Manago, Cassandra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 941.686-2857  
Date Daytime Phone #

CR2E037 (11/98)