

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V25360

(1)

1. Corporation Name

COMMUNITY PROGRAMS, INC.

Principal Place of Business

Mailing Address

6911 GLEN AVE N.
TAMPA FL 33614
US

6911 GLEN AVE N.
TAMPA FL 33614
US



2. Principal Place of Business

2a. Mailing Address

21 2516 SILVER LAKE AVE

26 P.O. Box 17016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Zip

Country

Country

24 33614

25 USA

29 33682-7016

30 USA

3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3118370

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA PORTILLA, MARCELINO
2516 SILVER LAKE AVE.
TAMPA FL 33614

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NELSON, KENNETH P.
STREET ADDRESS 6911 GLEN AVE N.
CITY-ST-ZIP TAMPA FL

1.1 TITLE PD
1.2 NAME \$PD
1.3 STREET ADDRESS 2516 SILVER LAKE AVE.
1.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE VD
NAME DE LA PORTILLA, MARCELINO
STREET ADDRESS 2516 SILVER LAKE AVE.
CITY-ST-ZIP TAMPA FL

2.1 TITLE VD
2.2 NAME NELSON, KENNETH P.
2.3 STREET ADDRESS 1207 POSEY BLANTON RD.
2.4 CITY-ST-ZIP SYLVIA, NC 28779

TITLE SD
NAME NELSON, MARIA L.
STREET ADDRESS 6911 GLEN AVE N.
CITY-ST-ZIP TAMPA FL

3.1 TITLE SD
3.2 NAME NELSON, MARIA
3.3 STREET ADDRESS 1207 POSEY BLANTON RD.
3.4 CITY-ST-ZIP SYLVIA, NC 28779

TITLE TD
NAME DE LA PORTILLA, CINDY
STREET ADDRESS 2516 SILVER LAKE AVE.
CITY-ST-ZIP TAMPA FL

4.1 TITLE TD
4.2 NAME DE LA PORTILLA, CINDY
4.3 STREET ADDRESS 2516 SILVER LAKE AVE.
4.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Marcelino de la Portilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/96

813-933-5073
Display Phone #

CR2E034 (3/96)