

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723340

(6)

1. Corporation Name

THE TAMPA RACQUET CLUB, INC.

Principal Place of Business

5820 N CHURCH AVENUE
TAMPA FL 33614

Mailing Address

5820 N. CHURCH AVE.
448
TAMPA FL 33614
US



3. Date Incorporated or Qualified

05/04/1972

3a. Date of Last Report

05/01/1995

4. FEI Number

23-7393107

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKELL, EDWIN K.
5820 N. CHURCH AVE.
448
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VPD
NICKELL, EDWIN K.
STREET ADDRESS
5820 N. CHURCH AVE 448
CITY-ST-ZIP
TAMPA FL

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
SD
TAYLOR, KATE
STREET ADDRESS
5820 N. CHURCH AVE 123
CITY-ST-ZIP
TAMPA, FL 00000

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
TD
COOPER, JERRY L.
STREET ADDRESS
5820 N CHURCH AVE. 125
CITY-ST-ZIP
TAMPA, FL 00000

31 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
VP
HEMER, BILL
STREET ADDRESS
5820 N CHURCH AVE. 125
CITY-ST-ZIP
TAMPA, FL 00000

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
D
BUDD, CHESTER E.
STREET ADDRESS
5820 N CHURCH AVE 125
CITY-ST-ZIP
TAMPA FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
D
RANDOLPH, CAROL
STREET ADDRESS
5820 N CHURCH AVE 125
CITY-ST-ZIP
TAMPA FL

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 appointment with an address.

SIGNATURE:

Edwin K. Nickell - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWIN K. NICKELL - PRES

Date

1/27/96

Daytime Phone #

813-264-8889

CR2E037 (12/95)