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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

· 1996

Dringing Place of Business

DOCUMENT # 738633

(7)

Mailing Address

TAMPA METROPOLITAN AREA YMCA, INC.



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110 E OAK AV P.O. BOX 1724 TAMPA FL 336	128	110 E OAK AVE P.O. BOX 172428 TAMPA FL 33672-7428		:	3. Date Incorporated or Qualified 04/11/1977	3a. Date of Las 05/01/	st Report
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2. Principal Place of Business		2a. Mailing Address		['	FO_1749000		Applied For Not Applicable
21]		Suite, Apt. #, etc.				¢0.7	5 Additional
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired		Required
City & State		City & State			 Election Campaign Financing Trust Fund Contribution 	☐ Add	00 May Be led to Fees
Zip 24	Country 25	Zip 29	Country 30	:	B. This corporation has liability for Florida Statutes	intangible tax under:	s. 199.032,
	9. Name and Address of Curren			1	0. Name and Address of New F	Registered Agent	
			81	Name			
MANGIONE, RALPH P WILLIAMS, REED, WEINSTEIN, ET AL				82 Street Address (P.O. Box Number is Not Acceptable) 83			
	CITY CTR #2600		83				
TAMPA F	·L. 33602		84	City		FL 85	Zıp Code
12. Pursuant to	the provisions of Sections 617 0502	1017 1000 Ft 11 Ot 11		med corporation	submits this statement for the put	rpose of changing its	s registered office ed agent. I am
or registere familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such change was authoriz ion 617.0503, Florida Statutes	ed by the corpora	audii s board oi	штестого. ТПетвоу вссерт ите арр		
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4. I do hereby certify that the information supplied with this iting is voluntarily furnished and does not quality for the exemption stated in section 113.07(a)(a), Florida Statutes, Turner 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 cath; 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinic Phone #