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# FILED
# May 20 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT # 738633 (7)**

1. Corporation Name
TAMPA METROPOLITAN AREA YMCA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 110 E OAK AVE<br>P.O. BOX 172428<br>TAMPA FL 33672-7428 | 110 E OAK AVE<br>P.O. BOX 172428<br>TAMPA FL 33672-0428 |

3. Date Incorporated or Qualified: 04/11/1977
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-1742909 ☐ 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

MANGIONE, RALPH P
WILLIAMS, REED, WEINSTEIN, ET AL
1 TAMPA CITY CTR #2600
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>FRANKLAND, FRED<br>4521 W CREST AVE<br>TAMPA FL | ☒ DELETE | 1,1 TITLE / 1,2 NAME / 1,3 STREET ADDRESS / 1,4 CITY-ST-ZIP | ~~Chairman~~ Director<br>James Ivey<br>110 E Oak Avenue<br>Tampa, Fl 33602 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>IVEY, JAMES A<br>110 E. OAK AVENUE<br>TAMPA FL 33602 | ☐ DELETE | 2,1 TITLE / 2,2 NAME / 2,3 STREET ADDRESS / 2,4 CITY-ST-ZIP | ~~Vice-Chairman~~ Director<br>Guy King<br>101 South Franklin St<br>Tampa, Fl 33601 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JOHNSON, VIRGINIA B<br>85 LODOGA AVENUE<br>TAMPA FL 33606 | ☒ DELETE | 3,1 TITLE / 3,2 NAME / 3,3 STREET ADDRESS / 3,4 CITY-ST-ZIP | Treasure Director<br>Bet Snyder<br>3308 Sierra Circle<br>Tampa, Fl 33629 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MANGIONE, RALPH, P<br>1 TAMPA CITY CTR #2600<br>TAMPA FL | ☒ DELETE | 4,1 TITLE / 4,2 NAME / 4,3 STREET ADDRESS / 4,4 CITY-ST-ZIP | Secretary Director<br>H. Lee Culbreath<br>425 North Florida Ave.<br>Tampa, Fl 33602 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GILBERTSON, JR., ROBERT<br>110 E OAK AVE<br>TAMPA FL | ☐ DELETE | 5,1 TITLE / 5,2 NAME / 5,3 STREET ADDRESS / 5,4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6,1 TITLE / 6,2 NAME / 6,3 STREET ADDRESS / 6,4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** [signature] ELECTRONICALLY FILED