

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:23

DOCUMENT # 766039 (2)  
1. Corporation Name  
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1499 GULF TO BAY BLVD., #201 1499 GULF TO BAY BLVD., #201  
P.O. BOX 12216 P.O. BOX 12216  
CLEARWATER FL 34616 CLEARWATER FL 34616

3. Date incorporated or Qualified 12/08/1982 3a. Date of Last Report 02/03/1994  
4. FBI Number 59-2252762 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25  
22 PD BOX 5579 27 PD BOX 5579  
City & State 28  
Zip 29 Country 30

9. Name and Address of Current Registered Agent  
SCHWARTZ, GREGORY E.  
1499 GULF TO BAY BLVD., #201  
CLEARWATER FL 34616

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCFATE, JOSEPH
STREET ADDRESS	1749 STARDUST DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD
NAME	MAGUIRE, PATRICK M
STREET ADDRESS	308 N. BELCHER ROAD
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD
NAME	COLE, WILLIAM
STREET ADDRESS	18120 US HWY 19 N
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD
NAME	JOPLIN, MILLY
STREET ADDRESS	535 BELLEVIEW BLVD
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	TD
NAME	CAMPAGNA, ROBERT
STREET ADDRESS	410 CENTRAL AVE
CITY-ST-ZIP	ST. PETE FL 33731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph McFate Jr JOSEPH MCFATE. 1/24/95 (813) 442-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #