

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



Principal Place of Business Mailing Address  
**1499 GULF TO BAY BLVD., #201**  
**P. O. BOX 5579 N/A**  
**CLEARWATER FL 34616**  
**US**

3. Date Incorporated or Qualified **12/08/1982** 3a. Date of Last Report **01/31/1995**  
4. FEI 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 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 **GREGORY E. SCHWARTZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **1221 TURNER ST - SUITE 202**  
83 **CLEARWATER**  
84 City **FLA** 85 Zip Code **FL 34616**

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 *X Gregory E. Schwartz* **GREGORY E. SCHWARTZ** **1/24/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MC FATE, JOSEPH</b>	
STREET ADDRESS	<b>1749 STARDUST DRIVE</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGUIRE, PATRICK M</b>	
STREET ADDRESS	<b>308 N. BELCHER ROAD</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, WILLIAM</b>	
STREET ADDRESS	<b>16120 US HWY 19 N</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOPLIN, MILLY</b>	
STREET ADDRESS	<b>535 BELLEVIEW BLVD</b>	
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPAGNA, ROBERT</b>	
STREET ADDRESS	<b>410 CENTRAL AVE</b>	
CITY - ST - ZIP	<b>ST. PETE FL 33731</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address.

SIGNATURE: *Joseph MCFate* **JOSEPH MC FATE** **1/24/96** **813-442-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)