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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766039

1. Corporation Name
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1221 TURNER ST #202 PO BOX 5579 CLEARWATER FL 33756 US	P O BOX 5579 P. O. BOX 5579 N/A CLEARWATER FL 33758 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/08/1982
Suite, Apt. #: etc.	Suite, Apt. #: etc.	4. FEI Number
27	27	59-2252762
City & State	City & State	Applied For
28	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
25	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, GREGORY E. 1221 TURNER STREET, SUITE 202 CLEARWATER FL 33756	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, BOB	1.2 NAME	Kinney, Bob
STREET ADDRESS	3454 TAMPA RD	1.3 STREET ADDRESS	3454 Tampa Rd
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	Palm Harbor, Fla 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Chairman/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPAGNA, ROBERT	2.2 NAME	Campagna, Robert
STREET ADDRESS	1180 JASPER ST	2.3 STREET ADDRESS	1180 Jasper St
CITY-ST-ZIP	LARGO FL 33761	2.4 CITY-ST-ZIP	Largo, Fla 33761
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, VERITTA	3.2 NAME	Gregory E Schwartz
STREET ADDRESS	1256 PINE VIEW	3.3 STREET ADDRESS	1221 Turner St #202
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, Fla 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE, KEN	4.2 NAME	Carrie Vitale
STREET ADDRESS	2430 E STANCIA BLVD	4.3 STREET ADDRESS	1221 Turner St. #202
CITY-ST-ZIP	CLEARWATER FL 33761	4.4 CITY-ST-ZIP	Clearwater, Fla 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Randall Harvey
STREET ADDRESS		5.3 STREET ADDRESS	1221 Turner St. #202
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, Fla 33756
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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, with all other like empowered.

SIGNATURE: Gregory E. Schwartz PRESIDENT Date: 1/5/99 Daytime Phone #: 727-442-7075

CR2E037 (1/198)