

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769275

(9)

1. Corporation Name

GULF TO BAY CHAPTER, INC.



Principal Place of Business

Mailing Address

C/O MARY JO OLDHAM
1201 CARA DRIVE
LARGO FL 34641
US

~~C/O SHIRLEY MYERS~~ **C/O MARY JO OLDHAM**
~~4112 IMPERIAL PALMS~~ **1201 CARA DR.**
~~LARGO FL 34641~~ **LARGO, FL 34641**
~~US~~ **U.S.**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1983

3a. Date of Last Report

04/26/1995

4. FEI Number

59-6205646

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

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

Mary Jo Oldham

(NOTE: Registered Agent signature required when reinstating)

2-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD COPPINGER, RUTH**
STREET ADDRESS **7433 135TH STREET NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME **VD RUSSELL, MARY**
STREET ADDRESS **8891 LEONA STREET**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME **SD DAROVEC, VALERIE**
STREET ADDRESS **1155 - 50TH AVE., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **TD OLDHAM, MARY J**
STREET ADDRESS **1201 CARA DR.**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Mary Jo Oldham Treasurer

2-8-96

(813) 587-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)