

**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 # **N12637** (7)

1. Corporation Name  
**DATA PROCESSING MANAGEMENT ASSOCIATION-TAMPA CHAPTER, INC.**



Principal Place of Business	Mailing Address
C/O PRESIDENT P. O. BOX 23745 TAMPA FL 33623-3745 US	C/O PRESIDENT P. O. BOX 23745 TAMPA FL 33623-3745 US

3. Date Incorporated or Qualified <b>12/12/1985</b>	3a. Date of Last Report <b>04/11/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-6152362</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**PINKERTON, GEORGE  
19516 LAKE OSCEOLA LANE  
ODESSA FL 33556**

**10. Name and Address of New Registered Agent**

81 Name	<b>JACK CROTHERS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7665 SUN ISLAND DR. S.</b>
83	
84 City	<b>ST. PETERSBURG FL</b>
85 Zip Code	<b>33707</b>

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: *J. J. Crothers* JACK CROTHERS 03/09/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROUGHTON, KAREN</b>	1.2 NAME
STREET ADDRESS	<b>24234 TWIN LAKE DR.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>LAND'O LAKES FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STORY, BETH</b>	2.2 NAME
STREET ADDRESS	<b>3580 SE 148TH PLACE</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEATCH, MARSHALL</b>	3.2 NAME
STREET ADDRESS	<b>614 SHADY NOOR DR.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>BRANDON FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>AD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGNELL, SUE</b>	4.2 NAME
STREET ADDRESS	<b>400 ISLAND WAY # 1407</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGHERTY, GEORGE</b>	5.2 NAME
STREET ADDRESS	<b>4712 SINGING STREM WAY</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>TAMPA FL 56</b>	5.4 CITY-ST-ZIP
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINKERTON, GEORGE</b>	6.2 NAME
STREET ADDRESS	<b>19516 LAKE OSCEOLA LANE</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>ODESSA FL</b>	6.4 CITY-ST-ZIP

**VP  
RAI SCHWARTZ  
3209 W. RIGGAS AVE  
TAMPA FLA.**

**T  
JACK CROTHERS  
7665 SUN ISLAND DR S.  
ST. PITE FL 33707**

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: *J. J. Crothers* JACK CROTHERS TREASURER 03/09/96 (813) 360-5644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)