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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N35448** **(2)**

1. Corporation Name

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
315 E. MADISON ST., STE. 600 TAMPA FL 33602-4818 US	315 E. MADISON ST., STE. 600 TAMPA FL 33602-4818 US

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business
21 4950 W. Kennedy Blvd
Suite, Apt. #, etc.
22 Suite 250
City & State
23 Tampa, FL
Zip 24 33609-1837 Country 25 US

2a. Mailing Address
26 4950 W. Kennedy Blvd
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Tampa, FL
Zip 29 33609-1837 Country 30 US

4. FEI Number: **59-3001853** ☐ 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

9. Name and Address of Current Registered Agent

BAXTER, GEORGE J
315 E. MADISON - SUITE 600
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: George J. Baxter
82 Street Address (P.O. Box Number is Not Acceptable): 4950 W. Kennedy Blvd.
83 Suite 250
84 City: Tampa FL 85 Zip Code: 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, RICHARD W.		1.2 NAME	
STREET ADDRESS	201 E KENNEDY BLBD #800		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIMBERG, JAMES H		2.2 NAME	
STREET ADDRESS	3550 WEST BUSCH BOULEVARD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 28		2.4 CITY-ST-ZIP	
TITLE	DVC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JERRY L.		3.2 NAME	
STREET ADDRESS	4944 SANFAEL		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAXTER, GEORGE J.		4.2 NAME	
STREET ADDRESS	5005 SAN JOSE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STUCKEY, ARTHUR L.		5.2 NAME	
STREET ADDRESS	11507 HUMBER PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MULLIS, HAROLD W		6.2 NAME	
STREET ADDRESS	P O BOX 1102 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: _____ 3-3-97 282-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #