1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N35448

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Ī	Principal Place of Business								
	4950 W. KENNEDY BLVD								
l	SUITE 250								
	TAMPA FL 33609-1837								
ı	US								

Mailing Address

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90120 018 ****61.25

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4950 W. KENN SUITE 250 TAMPA FL 331 US		4950 W. KENNEDY BLVD SUITE 250 TAMPA FL 33609-1837 US					
2. Principal P	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
21		26			11/27/1989 4. FEI Number	TAnnti	ed For
Suite, Apt.	. #, etc.	— · · · ·	Suite, Apt. #, etc.		59-3001853		Applicable
22 City 9 Ct-		City & State		33 000 1000	\$8.75 Ad		
City & Stat	ie .	28			5. Certifcate of Status Desired	Fee Requ	
Zip	Country	Zip Country		Election Campaign Financing	\$5.00 м	av Be	
24	25		··· · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to	
	9. Name and Address of Current				10. Name and Address of New R	egistered Agent	
			8	1 Name			
BAXTER,	GEORGE J		8	2 Street	Address (P.O. Box Number is Not Acceptal	ble)	
4950 W. I	Kennedy BLVD		8	<u> </u>			
SUITE 25			18	3			
tampa f	L 33609		8	4 City		FL 85 Zip Co	de
office or agent. I a	am familiar with, and accept the obligat	t and title if applicable. (NOTE:	Registered Ag	75.	corporation submits this statement for the poration's board of directors. I hereby accept required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TILE	DC	☐ DELETE	1,1 TITLE		4 -	☐ Change	Addition
NAME	WILLIAMS, JERRY		1,2 NAME				
STREET ADDRESS	1	E #250	1	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609	Conciere	1.4 CITY			☐ Change	Addition
TITLE	DVC	☐ DELETE	2,1 TITLE			广 cuanão	
NAME	BLANCHARD, G ROBERT	TE #050	2.2 NAMI				
STREET ADDRESS	1000 11 112 1112 1 2212	TE #250	1	ET ADDRESS	1		
CITY-ST-ZIP	TAMPA FL 33609	☐ DELETE	2.4 CITY 3.1 TITLE		 	Change	☐ Addition
NAME	BAXTER, GEORGE J		3.2 NAM			 -	İ
STREET ADDRESS	1	TE #250		ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609	IL #EVV	3.4. CITY				
TITLE	DT	☐ DELETE	4.1 TITLE			Change	Addition
NAME	GARCIA, JOSEPH		4. 2 NAV	ΙΕ.			
STREET ADDRESS	1	#250	4.3 STRE	EET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609		4.4 CITY	-ST-ZIP			
TITLE	DS	☐ DETELE	5.1 TITLE			☐ Change	Addition
NAME	ROMANO, BARBARA		5.2 NAM				
STREET ADDRESS	4950 W KENNEDY BLVD SUITI	E #250		ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY			C) Oher-re	Maditio-
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
AIALAE	1		6.2 NAM	<u>E</u>			

CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

8/3-282-1975