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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR -3 PM 1:20

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N35830 (1)

1. Corporation Name

GTE CLASSIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16002 N. DALE MABRY  
2ND FLOOR  
TAMPA FL 33618

%CHARLES BAGBY  
201 E. KENNEDY BLVD., SUITE 1200  
TAMPA FL 33602-5821

3. Date Incorporated or Qualified  
12/27/1989

3a. Date of Last Report  
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number  
59-3151363

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

10. Name and Address of New Registered Agent

BAGBY, CHARLES  
201 E. KENNEDY BLVD  
SUITE 1200  
TAMPA FL FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Applicable)  
33602-106303-4  
-03706797--01089--003

83

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BENNETT, JAMES	
STREET ADDRESS	P.O. BOX 110, FLTC 0805 N/A	
CITY - ST - ZIP	TAMPA FL 33801	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REEVES, ALLEN	
STREET ADDRESS	11333 N FLORIDA AVE	
CITY - ST - ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAGBY, CHARLES	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1200	
CITY - ST - ZIP	TAMPA FL 33802	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAKS, PETE	
STREET ADDRESS	P.O. BOX 110, FLTC 0100 N/A	
CITY - ST - ZIP	TAMPA FL 33801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURROWS, MARILYN	
STREET ADDRESS	P O BOX 110, FLTC 0788 N/A	
CITY - ST - ZIP	TAMPA FL 33801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BOB	
STREET ADDRESS	P.O. BOX 110, FLTC N/A	
CITY - ST - ZIP	TAMPA FL 33801	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SP 3/5/97

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: *Charles L. Bagby* CHARLES L. BAGBY, TREASURER

1/10/97

CR2E037 (9/96)

GTE CLASSIC ASSOCIATION, INC.  
EIN: 59-3151363  
NON PROFIT ORGANIZATION

1997 CORPORATION ANNUAL REPORT

ATTACHMENT TO LINE 12 - OFFICERS AND DIRECTORS

- V  
JIM IVEY  
100 E. KENNEDY BLVD., SUITE 1600  
TAMPA, FL 33602
  
- V  
PAUL KING  
12271 97TH AVENUE NORTH  
SEMINOLE, FLORIDA 34642
  
- V  
DICK MARTIN  
P.O. BOX 4205  
ST. PETERSBURG, FLORIDA 33742-4025