FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 23 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39433 (0)

1. Corporation Name
THE TAMPA BAY ADVERTISING FEDERATION, INC.

Principal Place of Business	Mailing Address
4319 EHRLICH RD TAMPA FL 33624 US	4319 EHRLICH RD TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3072029 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KOSTROSKI, LOIS M
4319 EHRLICH RD
TAMPA FL 33624

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	CLINE, NANCY	1.2 NAME		
STREET ADDRESS	3333 W KENNEDY BLVD #204	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	PEARL-HOROWITZ, REBECCA	2.2 NAME		
STREET ADDRESS	PO BOX 956	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	GREENFIELD, JERRY	3.2 NAME	HILLIS, BOB	
STREET ADDRESS	13907 N DALE MABRY HY #208	3.3 STREET ADDRESS	4919 Bayshore Blvd	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33611	
TITLE	DT	4.1 TITLE	~~VP~~ DV	☒ Change ☐ Addition
NAME	YOST, NANCY	4.2 NAME		
STREET ADDRESS	5401 W KENNEDY, #500	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE	PRES-ELECT	☒ Change ☐ Addition
NAME	WKSFORD, JAMIE	5.2 NAME	WILSFORD	
STREET ADDRESS	3417 W LEMON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BRACEWELL, MIKE	6.2 NAME		
STREET ADDRESS	2442 MISSISSIPPI AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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)(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: Lois Kostroski 3/16/95 813/968-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Reg. agent

0014380