**FILE NOW: FILING FEE IS $61.25**

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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N39433** **(0)**

1. Corporation Name

**THE TAMPA BAY ADVERTISING FEDERATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4319 EHRLICH RD<br>TAMPA FL 33624<br>US | 4319 EHRLICH RD<br>TAMPA FL 33624-2201<br>US |

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 04/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ 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 | ☐ DELETE | 1.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | YOST, NANCY | | 1.2 NAME | GOULD, MARILYN JONES | |
| STREET ADDRESS | 5401 W. KENNEDY BLVD #500 | | 1.3 STREET ADDRESS | 1501 BELCHER RD. S #B | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | LARGO FL 34641 | |
| TITLE | VPD | ☒ DELETE | 2.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | HILLIS, BOB | | 2.2 NAME | CRISCENZO, JEENI | |
| STREET ADDRESS | 4919 BAYSHORE BLVD | | 2.3 STREET ADDRESS | 3077 CASA DEL SOL #201 | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | CLEARWATER FL 34621 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | AED | ☒ Change ☐ Addition |
| NAME | HEBERT, JACK | | 3.2 NAME | HEBERT, JACK | |
| STREET ADDRESS | 2861 EXECUTIVE CENTER DRIVE #100 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | NADLER, NAN | | 4.2 NAME | MOOS, ANDREW | |
| STREET ADDRESS | 4405 SUMMER OAK DRIVE | | 4.3 STREET ADDRESS | 3014 HORATIO ST. | |
| CITY-ST-ZIP | TAMPA FL | | 4.4 CITY-ST-ZIP | TAMPA FL 33609 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | BRACEWELL, MIKE | | 5.2 NAME | KAVIN, MARY | |
| STREET ADDRESS | 2442 MISSISSIPPI AVE | | 5.3 STREET ADDRESS | 12150 - 28TH ST. N. | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:** SIGNATURE REQUIRED 4/15/97 968-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048753