

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46596 (5)**

1. Corporation Name  
**DOWNTOWN TAMPA BPW FOUNDATION, INC.**



Principal Place of Business <b>201 N FRANKLIN ST SUITE 2700 TAMPA FL 33602-5174</b>	Mailing Address <b>201 N FRANKLIN ST SUITE 2700 TAMPA FL 33602-5816</b>
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3. Date Incorporated or Qualified <b>12/20/1991</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-3146899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>P. O. Box 1595</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <del>XXXXXXXXXX</del>
22 <b>Tampa, FL.</b> City & State	27 <b>6710 N. River Blvd.</b> Suite, Apt. #, etc.
23 <b>33601</b> Zip	28 <b>Tampa, FL.</b> City & State
24 <b>33601</b> Zip	29 <b>33604</b> Zip

9. Name and Address of Current Registered Agent

**PINZEL, BONNIE J.  
201 N FRANKLIN ST  
SUITE 2700  
TAMPA FL 33602-5174**

10. Name and Address of New Registered Agent

81 Name <b>BONNIE J. PINZEL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6710 N. River Blvd</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33604</b>

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: Bonnie J. Pinzel / **BONNIE J. PINZEL, V. Pres.** DATE: **2/15/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>STRAIT, DELORES</b>
STREET ADDRESS	<b>210 N TAYLOR RD</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>PINZEL, BONNIE J.</b>
STREET ADDRESS	<b>201 N FRANKLIN ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MAXIE, CINDY</b>
STREET ADDRESS	<b>3914 ROGERS AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, STACY</b>
STREET ADDRESS	<b>305 S HYDE PARK AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>TREVILLYAN, JANEEN</b>
STREET ADDRESS	<b>P.O. BOX 290152-B1-M N/A</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MULDER, SANDRA</b>
STREET ADDRESS	<b>4707 CHEROKEE RD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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: Bonnie J. Pinzel DATE: **2/15/97** 813-227-2818

CP2E037 (9/96)