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 APR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50264 (3)

1. Corporation Name
TAMPA BAY COMMUNITY REINVESTMENT CORPORATION

Principal Place of Business	Mailing Address
1111 N. WESTSHORE BLVD. SUITE 103, BOX 311 TAMPA FL 33607-4711 US	1111 N. WESTSHORE BLVD. SUITE 103, BOX 311 TAMPA FL 33607-4711 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1992
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3138324 ☐ 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

CORPORATION INFORMATION SYSTEMS INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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	SD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MINCEY, DONALD	1.2 NAME		
STREET ADDRESS	101 E. KENNETY BLVD.	1.3 STREET ADDRESS	101 E. Kennedy Blvd.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	REYES, DEBRA S.	2.2 NAME		
STREET ADDRESS	1111 N. WESTSHORE BLVD., #103	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CARRIER, CRAIG	3.2 NAME	Britton, Charles	
STREET ADDRESS	100 S. ASHLEY DR., SUITE 1000	3.3 STREET ADDRESS	315 E. Madison St.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CURTISS, MARK	4.2 NAME		
STREET ADDRESS	4400 N. ARMENIA AVE.	4.3 STREET ADDRESS	One Tampa City Center #100	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	TD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	FOWLER, TROY	5.2 NAME	Turner, Robert	
STREET ADDRESS	400 N. ASHLEY DR.	5.3 STREET ADDRESS	400 N. Ashley Drive	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	GRAY, GARY	6.2 NAME		
STREET ADDRESS	1130 CLEVELAND ST.	6.3 STREET ADDRESS	1150 Cleveland St.	
CITY-ST-ZIP	CLEARWATER 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: _____ 4/18/95 (813) 282-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Debra S. Reyes, President

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