

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50264** (3)
1. Corporation Name
TAMPA BAY COMMUNITY REINVESTMENT CORPORATION



Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 103. BOX 311 TAMPA FL 33607-4711 US		Mailing Address 1111 N. WESTSHORE BLVD. SUITE 103. BOX 311 TAMPA FL 33607-4711 US		3. Date Incorporated or Qualified 08/06/1992	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3138324	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINCEY, DONALD		1.2 NAME	
STREET ADDRESS 101 E. KENNEDY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRITTON, CHARLES		3.2 NAME Burke, Frank	
STREET ADDRESS 315 E. MADISON ST.		3.3 STREET ADDRESS 28050 US 19 N Ste 150-B	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Clearwater, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CURTISS, MARK		4.2 NAME Boyle, Scott	
STREET ADDRESS ONE TAMPA CITY CENTER #100		4.3 STREET ADDRESS 5958 Central Ave	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP St. Petersburg, FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURNER, ROBERT		5.2 NAME Starts, Marybeth	
STREET ADDRESS 400 N. ASHLEY DRIVE		5.3 STREET ADDRESS 400 N. Ashley Drive	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP Tampa, FL	
TITLE CD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, GARY		6.2 NAME	
STREET ADDRESS 1150 CLEVELAND ST.		6.3 STREET ADDRESS	
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)(k), 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: _____ DATE: **4/29/96** DAYTIME PHONE #: **813-282-4525**

CR2E037 (12/95)