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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90013 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50264

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

498437-90013-49



2. Principal Place of Business  
21 2002 N. Lois Avenue  
Suite, Apt. #, etc. Suite 150  
City & State  
23  
Zip 33607 Country  
25  
2a. Mailing Address  
26 2002 N. Lois Avenue  
Suite, Apt. #, etc. Suite 150  
City & State  
28  
Zip 33607 Country  
30

3. Date Incorporated or Qualified  
08/06/1992

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRITTON, CHARLES 401 E JACKSON STREET, 10TH FLOOR TAMPA FL 33602 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD Burke, Cary 13535 Feather Sound Drive, Suite 610 Clearwater, FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, DEBRA S. 1111 N. WESTSHORE BLVD., #103 TAMPA FL 33607 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2002 N. Lois Avenue, Suite 150 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURKE, FRANK 28050 US 19 N., STE 150-B CLEARWATER FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 28050 US Highway 19 North Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYLE, SCOTT 5858 CENTRAL AVE ST. PETERSBURG FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD Boyle, Scott 6100 4th Street North St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TATREAU, KEVIN L 101 E KENNEDY BLVD TAMPA FL 33602 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD 400 N. Ashley Drive, 2nd Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CARY 100 S ASHLEY DR #910 TAMPA FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Marshall, John 4400 N. Armenia Avenue Tampa, FL 33603

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
4/29/99  
Date Daytime Phone #

CR2E037 (11/98)