

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000001148 (6)**

1. Corporation Name

**TAMPA BAY AREA PLANNED GIVING COUNCIL, INC.**

Principal Place of Business

Mailing Address

150 SECOND AVE. NORTH  
SUITE 1100  
ST. PETERSBURG FL 33701

150 SECOND AVE. NORTH  
STE. 1700  
ST. PETERSBURG FL 33701



3. Date Incorporated or Qualified

**02/26/1993**

3a. Date of Last Report

**08/10/1995**

4. FEI Number

**59-3223135**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLEIM, HOLGER D  
150 2ND AVE. NORTH  
STE. 1100  
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **GLEIM, HOLGER D**  
CITY - ST - ZIP **150 SECOND AVE., NORTH STE. 1100**  
**ST. PETERBURG FL 33701**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **OTTINGER, DAVID J.**  
CITY - ST - ZIP **911 CHESTNUT ST.**  
**CLEARWATER FL 34616**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **GAY, GREGORY G**  
CITY - ST - ZIP **5318 BALSAM ST.**  
**NEW PORT RICHEY FL 34682**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **THOMAS, CURTIS D.**  
CITY - ST - ZIP **%PARC, 3100 75TH ST. NORTH**  
**ST PETERSBURG FL 33710-2399**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **THOMAS, NANCY**  
CITY - ST - ZIP **1810 59 ST. WEST**  
**BRADENTON FL 34210**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **WITHERELL, PETER A**  
CITY - ST - ZIP **3709 WEST JETTON AVE.**  
**TAMPA FL 33629-5146**

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-12-96**

Date

**817-598-6694**

Daytime Phone #

CR2E037 (3/96)

193000001148

2-2

13. The persons listed below are additions to the Officers and Directors listed in item 12:

D

BARNETT, LESLIE J.  
601 Bayshore Blvd., Suite 700  
Tampa, FL 33601

D

ELBARE, JOHN  
University of South Florida  
315 Madison St., Suite 917  
Tampa, FL 33601

D

PARK, RICHARD F  
Northern Trust Bank of Florida  
100 2nd Avenue South  
St. Petersburg, FL 33701

D

VAN MIDDLESWORTH, CHARLES E.  
678 Fourth Street North  
St. Petersburg, FL 33701