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May 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
1100
ST. PETERSBURG FL 33701-3342
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
02/26/1993

3a. Date of Last Report
06/28/1996

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLEIM, HOLGER D	
STREET ADDRESS	150 SECOND AVE., NORTH STE. 1100	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OTTINGER, DAVID J.	
STREET ADDRESS	911 CHESTNUT ST.	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GAY, GREGORY G	
STREET ADDRESS	5318 BALSAM ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34682	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, CURTIS D.	
STREET ADDRESS	%PARC, 3100 75TH ST. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710-2399	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, NANCY	
STREET ADDRESS	1810 59 ST. WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WITHERELL, PETER A	
STREET ADDRESS	3709 WEST JETTON AVE.	
CITY-ST-ZIP	TAMPA FL 33629-5146	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" 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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELBARE, JOHN	
5.3 STREET ADDRESS	13650 Stoneybrook Drive	
5.4 CITY-ST-ZIP	Clearwater, FL 34622	
6.1 TITLE	PD	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040844

CR2E037 (9/96)