

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 030 ****61.25

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1. Entity Name

TAMPA BAY AREA PLANNED GIVING COUNCIL, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3223135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TAYLOR, PETER C.
STREET ADDRESS PO BOX 2942
CITY-ST-ZIP SAINT PETERSBURG FL 33731

TITLE VPD ☒ Delete
NAME DAVENPORT, ALISIA M
STREET ADDRESS PO BOX 42150
CITY-ST-ZIP SAINT PETERSBURG FL 33742-4150

TITLE D ☒ Delete
NAME ELBARE, JOHN
STREET ADDRESS 2261 GROVELAND DR.
CITY-ST-ZIP LUTZ FL 33549

TITLE TD ☐ Delete
NAME DEMACARTY, REBECCA L
STREET ADDRESS PO BOX 15507
CITY-ST-ZIP ST PETERSBURG FL 33733

TITLE PD ☒ Delete
NAME SNYDER, GINGER R
STREET ADDRESS 401 E JACKSON ST SUITE 2900
CITY-ST-ZIP TAMPA FL 33602

TITLE SD ☐ Delete
NAME BERNHEISER, NINA P
STREET ADDRESS 520 26TH AVENUE SE
CITY-ST-ZIP SAINT PETERSBURG FL 33705

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PastP/D ☒ Change ☐ Addition
NAME 13010 - 116th Street North
STREET ADDRESS Largo, FL 33778
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Richard Johnson
STREET ADDRESS 701 Channelside Drive
CITY-ST-ZIP Tampa, FL 33602

TITLE PElect/D ☐ Change ☒ Addition
NAME Bill Roth
STREET ADDRESS 4202 E. Fowler Ave. ALC 100
CITY-ST-ZIP Tampa, FL 33620

TITLE VPD ☐ Change ☒ Addition
NAME Larry Pauley
STREET ADDRESS P.O. Box 76011
CITY-ST-ZIP St. Petersburg, FL 33734

TITLE VPD ☐ Change ☒ Addition
NAME Jeff Fox
STREET ADDRESS 2240 Belleair Road #190
CITY-ST-ZIP Clearwater, FL 33764

TITLE SD ☒ Change ☐ Addition
NAME Nina Berkheiser
STREET ADDRESS 9099 - 130th Avenue North
CITY-ST-ZIP Largo, FL 33773

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard H. Johnson / *Richard H. Johnson* / *5/7/2004* / *813-367-4041*
President / Director