

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 # N93000005016 (1)

1. Corporation Name

MEMORIAL SOCIETY OF TAMPA BAY, INCORPORATED



Principal Place of Business 707 E MORGAN
3015 NORTH "A" ST. BRANDON FL 33510
TAMPA FL 33609
P.O. Box 2984
Brandon FL 33509

Mailing Address
3915 NORTH "A" ST.
TAMPA FL 33609

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified 11/01/1993
3a. Date of Last Report 03/24/1995

4. FEI Number 59-3213555
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

BUTTS, HAZEL H
3915 NORTH "A" ST.
TAMPA FL 33609

Changes made by David Campbell President

10. Name and Address of New Registered Agent

81 Name Franklin S. Nauman David J. Campbell
82 Street Address (P.O. Box Number is Not Acceptable) 1117 Opal Lane P.O. Box 2984 Brandon FL 33510
83 Sun City Center, FL Brandon, FL 33510
84 City Changed by David Campbell FL 85 Zip Code 33509

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 David J. Campbell DAVID J. CAMPBELL
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstatutory) DATE 6/11/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPBELL, DAVID C
STREET ADDRESS 707 E MORGAN
CITY-ST-ZIP BRANDON FL 33611
TITLE VD
NAME MAHIN, RALPH C
STREET ADDRESS P.O. BOX 10217 N/A
CITY-ST-ZIP TAMPA FL 33679
TITLE STD
NAME BUTTS, HAZEL H
STREET ADDRESS 3015 N A ST
CITY-ST-ZIP TAMPA FL 33609
TITLE 707 E Morgan St
NAME
STREET ADDRESS Brandon FL 33510
CITY-ST-ZIP
TITLE This is the street
NAME address of the David
STREET ADDRESS
CITY-ST-ZIP
TITLE Campbell President and Registered Agent
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Vice President
22 NAME Hazel Butts
23 STREET ADDRESS 3201 First St., N.E.
24 CITY-ST-ZIP St. Petersburg 33704
31 TITLE Secretary
32 NAME Elizabeth Campbell
33 STREET ADDRESS P.O. Box 2984 707 E Morgan
34 CITY-ST-ZIP Brandon, FL 33510
41 TITLE Treasurer
42 NAME Franklin S. Nauman
43 STREET ADDRESS 1117 Opal Lane, Sun City Center 33583
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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 19.07(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: David J. Campbell
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 6/11/96
813/634-7280