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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # N9600004808 (9)

FILED May 09 1997 8:00am Secretary of State

THE GREATER TAMPA CATHOLIC LAWYERS GUILD, INC. Principal Place of Business Mailing Address 105 SOUTH ARMENIA AVENUE TAMPA FL 33609-3307										
						ncorporated or Qualifie	d 3a. Dal	te of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI N			VA	oplied For	
:1		26							t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifi	cate of Status Desired			Additional	
City & State	^	City & State							berlupe	
City & State	e	28				on Campaign Financing Fund Contribution	, D		May Be to Fees	
Zip	Country	Zip	Cou	ntry		orporation has liability t				
14	25	29	30		ſ	a Statutes	Yes U		. 199.002,	
, <u></u>	9. Name and Address of Curre		12.21		10. Name	and Address of New	Registered A	gent		
				81 Name						
DOMING	NUEZ, JESSE V		ł	62 Street	Address (P.O. Bo	Number is Not Accep	itable)		· <u></u>	
	JTH ARMENIA AVENUE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
TAMPA (FL 33609		ĺ	83						
				84 City				85 Zip	Code	
				U-1, U-1,			FL	200	0000	
SIGNATURE						its this statement for the directors. I hereby ac			·····	
SIGNATURE	Signature, typed or printed name of registered a	gent and tille If applicable. (NO ND DIRECTORS			e required when reinstation		DATE FICERS AND	DIRECTOR	RS IN 12	
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered a OFFICERS A D	gent and title if applicable. (NC	TE: Registered	3 Agent eignatur	e required when reinstation	g)	DATE FICERS AND		RS IN 12	
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4. 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 on 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 for on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED HOME OF BUSING OFFICER OR DIRECTOR

813 874-1182