

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 # 740879 (2)

1. Corporation Name
THE SPRING OF TAMPA BAY, INC.

Principal Place of Business

**2807 N. 35TH ST.
P O BOX 4772
TAMPA FL 33677**

Mailing Address

**P.O. BOX 4772
TAMPA FL 33677
US**



3. Date Incorporated or Qualified
11/23/1977

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-1777135

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

**SASSER, MARC D.
2203 N. LOIS AVENUE
SUITE 700
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
MARC D. SASSER
82 Street Address (P.O. Box Number is Not Acceptable)
2203 N. LOIS AVENUE
83 Suite
SUITE 700
84 City
TAMPA

FL **85** Zip Code
33607

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

MARC D. SASSER, PRES. B.O.D.

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
PD
NAME
SASSER, MARC D.
STREET ADDRESS
2203 N. LOIS AVENUE, SUITE 700
CITY - ST - ZIP
TAMPA FL

12 TITLE
TD
NAME
KAUFFMAN, KERMIT J.
STREET ADDRESS
3710 W. OBISPO ST.
CITY - ST - ZIP
TAMPA FL

13 TITLE
VPD
NAME
BRAYBOY, CAROLYN
STREET ADDRESS
144 23RD AVENUE S.
CITY - ST - ZIP
ST. PETERSBURG FL

14 TITLE
S
NAME
BERTELSTEIN, GAYLE
STREET ADDRESS
5110 W. LONGFELLOW AVENUE
CITY - ST - ZIP
TAMPA FL

15 TITLE
D
NAME
KOCH, JONATHAN C.
STREET ADDRESS
1304 MILLER ROAD
CITY - ST - ZIP
VALRICO FL

16 TITLE
D
NAME
BURNETTE, GUY J
STREET ADDRESS
6200 COURTNEY CAMPBELL CAUSEWAY #1100
CITY - ST - ZIP
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

2ND V.P. BOARD OF DIRECTORS
MARY LO PRESTI TURNES
3312 CHEVIOT
TAMPA, FL.

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: **X Marc D Sasser**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/95
Date

(813) 875-7774
Daytime Phone #

CR2E037 (12/95)