

# 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 # N26054 (9)**

1. Corporation Name

**TURKISH AMERICAN CULTURAL ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

C/O FIKRET DENGIZ  
5220 BRITTANY DR SO. #1510  
ST PETERSBURG FL 33715

C/O FIKRET DENGIZ  
5220 BRITTANY DR SO. #1510  
ST PETERSBURG FL 33715

3. Date Incorporated or Qualified  
**04/22/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2962050**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENGIZ, FIKRET  
5220 BRITTANY DR SO. #1510  
ST PETERSBURG FL 33715**

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 ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SUNAOL, AYDIN P**  
CITY - ST - ZIP **15406 MORNING DRIVE  
LUTZ FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **TURSUCU, ATA**  
CITY - ST - ZIP **16359 REDINGTON DRIVE  
REDINGTON BEACH FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **KAYAN, S**  
CITY - ST - ZIP **13728 WALBROOK DR.  
TAMPA FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BENTON, JAMES**  
CITY - ST - ZIP **1618 CARTER OAKS DRIVE  
BLOOMINGDALE VALRICO FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MUJGAN SUBEN**  
CITY - ST - ZIP **5936 39TH AVE. N.  
ST PETERSBURG FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HESTER, ARZU**  
CITY - ST - ZIP **12202 NORTH 22ND ST. APT. #1121  
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**APR 15, 1996 (813) 866-0921**

CR2E037 (12/95)