## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

1111 N. WESTSHORE BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

State

1111 N. WESTSHORE BLVD.

PORATIONS

ANNUAL REPORT  1996		Secretary of DIVISION OF CORE		
DOCUMENT # 1. Corporation Name	N50264	(3)		
TAMPA BAY COMMU	JNITY REINVESTMEI	NT CORPORATION		
Principal Place of Business	Mail	ing Address		



	TE 103. BOX 311 IPA FL 33607-4711		SUITE 103. BOX 311 TAMPA FL 33607-4711 US				3. Date Incorporated or Qualified 08/06/1992	3a. Date of ()4/		Report <b>1995</b>
2. Pri	incipal Place of Busine	ess	2a. Mailing Address	-			4. FEt Number	ודט	<del></del>	Applied For
21		,	26. Mailing Address				59-3138324		-+	Not Applicable
-	ite, Apt. #, etc.		Suite, Apt. #, etc.			<del></del>		<u> </u>		Additional
22			27				5. Certificate of Status Desired			Required
Cit 23	y & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip	)	Country	Zip		cuntry		8. This corporation has liability for inte		der s	. 199.032,
24		25	29	30				Yes No		
	9. Name	and Address of Current R	legistered Agent		81	Name	10. Name and Address of New Reg	istered Agei	<u> </u>	
					"	Name				
		FORMATION SERVICES			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
	1201 HAYS STREE				83					
	TALLAHASSEE FL	32301								
İ					84	City		FL  8	5   Zi	p Code
0	r registered agent, or	ons of Sections 617,0502 ar both, in the State of Florida. of the obligations of, Section	Such change was authorized	the ab	xove-r	named corp oration's b	poration submits this statement for the purpo oard of directors. I hereby accept the appoin	ise of changin tment as regis	g its i	registered office I agent. I am
	ATURE Signelure, typed	or printed name of registered agent and				nt signature req	uired when reinstating)	DATE		
12.		OFFICERS AND D		13			ADDITIONS/CHANGES 10 OFFICE			
TITLE	D		DELETE		TITLE		VD	X Cr	nange	☐ Addition
NAME		, DONALD			NAME					
		101 E. KENNEDY BLVD.				ADDRESS				
CHY-S	T-ZIP TAMPA	<u>FL</u>	□ DELETE		CITY-S	T-ZIP		Псн	anno	Addition
NAME	'	DEDDA C	_		2.1 TITLE 2.2 NAME				iariyr:	☐ Mudifioli)
		REYES, DEBRA S. 1111 N. WESTSHORE BLVD., #103			2.2 NAME 2.3 STREET ADDRESS					
CITY-S		FL 33607	100		STREET CITY-S	1				
TITLE	TD TO	1 - 00001	DELETE		TITLE	1	TD .		nange	Addition
NAME		N. CHARLES	P*		NAME		713 Burke, Frank 28050 US 19N Ste 150-6	`	•	
STREET		MADISON ST.		3.3	STREET	ADDRESS	28050 US 19 N Ste 150-1	3		
CITY-S				3.4.	CITY-S	ST - ZIP	Clearwater, FL			
TITLE	SD		DELETE	4.1	TITLE		5D	Cr	ange	Addition
NAME		s, mark	-	4. 2	NAME		Boyle, Scott			
STREET		MPA CITY CENTER #10	00	4.3	STREET	ADDRESS	5958 Central Ave			
CITY-S		FL				ST-ZIP	St. Petersburg, FL			
TITLE	VD_		DELETE		TITLE		CD 1 A T LAND	□ Cr	ange	Addition Addition
NAME		r, robert			NAME		Storts, Marybeth 400 N. Ashley Drive			
		ASHLEY DRIVE				ADDRESS	YOU N, MSKIEY DELY			
CITY-S		FL	Portexe		CITY-S	T-ZIP	Tampa, FL			- Adams
TITLE	CD	0.4007	DELETE		TITLE	}	D	<b>X</b> Cr	iange	☐ Addition
NAME	GRAY,				NAME					
i .	ADDRESS I SEED O				ATREET					
STREET CITY-S	I	leveland St. Nater fl			CITY-S	ADDRESS				

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 12 if ghanged or on an attachment with an address.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR