

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33677-4772
US3. Date Incorporated or Qualified
11/23/19773a. Date of Last Report
02/09/19964. FEI Number
59-1777135Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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
Brayboy, CAROLYN
82 Street Address (P.O. Box Number is Not Acceptable)
144 23RD AVENUE, S.
83
84 City
ST. PETERSBURG, FL 85 Zip Code
33705

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SASSER, MARC D.	
STREET ADDRESS	2203 N. LOIS AVENUE, SUITE 700	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFFMAN, KERMIT J.	
STREET ADDRESS	3710 W. OBISPO ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRAYBOY, CAROLYN	
STREET ADDRESS	144 23RD AVENUE S.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERTELSTEIN, GAYLE	
STREET ADDRESS	5110 W. LONGFELLOW AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, JONATHAN C.	
STREET ADDRESS	1304 MILLER ROAD	
CITY - ST - ZIP	VALRICO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TURNES, MARY LOPRESTI	
STREET ADDRESS	3312 CHEVIOT	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SILVER, KAREN	
1.3 STREET ADDRESS	913 SYMPHONY BEACH LANE	
1.4 CITY - ST - ZIP	APOLLO BEACH, FL. 33572	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENFROE, KIMBERLY, E.	
2.3 STREET ADDRESS	3802 ERLICH ROAD # 303	
2.4 CITY - ST - ZIP	TAMPA, FL. 33624	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANON, LYNNE	
3.3 STREET ADDRESS	201 E. KENNEDY BLD., SUITE 1200	
3.4 CITY - ST - ZIP	TAMPA, FL. 33602	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0049186

CR2E037 (9/96)