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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

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 Mailing Address  
2807 N. 35TH ST.  
P O BOX 4772  
TAMPA FL 33677  
P.O. BOX 4772  
TAMPA FL 33677  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BRAYBOY, CAROLYN  
144 23RD AVE S  
ST PETERSBURG FL 33705  
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE VP 1.1 TITLE President-Elect. D. Change Addition  
NAME SILVER, KAREN 1.2 NAME Silver, Karen  
STREET ADDRESS 9123 SYMPHONY BEACH LANE 1.3 STREET ADDRESS 9123 Symphony Beach Lane  
CITY-ST-ZIP APOLLO BEACH FL 1.4 CITY-ST-ZIP Apollo Beach, FL.  
TITLE S 2.1 TITLE VPD. Change Addition  
NAME RENFROE, KIMBERLY E 2.2 NAME Renfroe, Kimberly E.  
STREET ADDRESS 3802 ERLICH ROAD #303 2.3 STREET ADDRESS 3802 Erlich Rd. #303  
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP Tampa, FL.  
TITLE VPD 3.1 TITLE President D. Change Addition  
NAME BRAYBOY, CAROLYN 3.2 NAME Brayboy, Carolyn  
STREET ADDRESS 144 23RD AVENUE S. 3.3 STREET ADDRESS 144 23rd Ave. S.  
CITY-ST-ZIP ST. PETERSBURG FL 3.4 CITY-ST-ZIP St. Petersburg, FL.  
TITLE T 4.1 TITLE No Change  
NAME DANON, LYNNE 4.2 NAME  
STREET ADDRESS 201 EAST KENNEDY BLVD, SUITE 1200 4.3 STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 4.4 CITY-ST-ZIP  
TITLE VPD 5.1 TITLE Secretary Change Addition  
NAME TURNES, MARY LOPRESTI 5.2 NAME Horne, Polly  
STREET ADDRESS 3312 CHEVIOT 5.3 STREET ADDRESS 4442 Branchwood Lane  
CITY-ST-ZIP TAMPA FL 5.4 CITY-ST-ZIP Tampa, FL. 33624  
TITLE 6.1 TITLE  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deadline Phone #

CR2E037 (10/97)