

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
(813) 866 0921**

**C/O FIKRET DENGIZ  
5220 BRITTANY DR SO. #1510  
ST PETERSBURG FL 33715  
(813) 866 0921**

3. Date Incorporated or Qualified

**04/22/1988**

4. FEI Number

**59-2962050**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**  
Country

**29**  
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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  
(813) 866 0921**

**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 **PD** ☐ DELETE  
NAME **ESIN, NECATI**  
STREET ADDRESS **1819 YALD DR**  
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**1819 YALE DR (Correction)**

TITLE **VD** ☐ DELETE  
NAME **KESKINER, ALI**  
STREET ADDRESS **14820 RUE DE BAYONNE DR #403**  
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **ULGEN, NUR**  
STREET ADDRESS **680 ISLAND WAY #509**  
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD** ☐ Change ☒ Addition  
**ESIN, LORENE**  
**1819 YALE DR**  
**CLEARWATER FL**

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TD** ☒ Change ☐ Addition  
**PALANTEKIN, EROL**  
**18408 CANARY LANE**  
**LUTZ FL**

TITLE **D** ☐ DELETE  
NAME **PALANTEKIN, EROL**  
STREET ADDRESS **18408 CANARY LN**  
CITY-ST-ZIP **LUTZ FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**D** ☐ Change ☒ Addition  
**YILMAZ, ECE**  
**3426 DEERFIELD LANE**  
**CLEARWATER FL**

TITLE **D** ☐ DELETE  
NAME **FARFAR, AYSIN**  
STREET ADDRESS **5220 BRITTANY DR S #1410**  
CITY-ST-ZIP **ST PETERSBURG FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Necati Esin* **NECATI ESIN**

**4/17/98**

**(813) 799-2501**

CP2E037 (10/97)