

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 # 702934 (1)

1. Corporation Name
TAMPA SHOWMENS MEMORIAL FUND, INC.



Principal Place of Business
**608 N. WILLOW AVENUE
TAMPA FL 33606-1304**

Mailing Address
**608 N. WILLOW AVENUE
TAMPA FL 33606-1304**

3. Date Incorporated or Qualified
09/25/1961

3a. Date of Last Report
04/24/1995

4. FEI Number
59-6154981

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**GOULD VIRGINIA A
608 N WILLOW AVE
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, DICK	
STREET ADDRESS	1811 N PATLIN CIR	
CITY - ST - ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PIERSON, DON	
STREET ADDRESS	5833 MARINER DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE L.	
STREET ADDRESS	6601 S. WESTSHORE BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM	
STREET ADDRESS	7013 NUNDY AVENUE	
CITY - ST - ZIP	GIBSONTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, GARY	
STREET ADDRESS	3211 SANTIAGO	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ENGSTROM, VERN	
STREET ADDRESS	9102 BERKSHIRE LN	
CITY - ST - ZIP	TAMPA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: **Jose Alvarez** 1-23-96 813-253-5762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)