


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 702934 (1)

1. Corporation Name

TAMPA SHOWMENS MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

608 N. WILLOW AVENUE  
TAMPA FL 33606-1304

608 N. WILLOW AVENUE  
TAMPA FL 33606-1340



2. Date Incorporated or Qualified  
09/25/1961

3a. Date of Last Report  
02/06/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOULD VIRGINIA A  
608 N WILLOW AVE  
TAMPA FL 33609

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           | D                       | <input checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME            | ENGSTROM, VERN          |  |
| STREET ADDRESS  | 9102 BERKSHIRE LN       |  |
| CITY - ST - ZIP | TAMPA FL                |  |

|                     |                         |  |
|---------------------|-------------------------|--|
| 1.1 TITLE           | DIRECTOR                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | MICHAEL R. THOMAS       |  |
| 1.3 STREET ADDRESS  | 12734 WOOD TRAIL BLVD   |  |
| 1.4 CITY - ST - ZIP | TAMPA FL 33625          |  |
| 2.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                         |  |
| 2.3 STREET ADDRESS  |                         |  |
| 2.4 CITY - ST - ZIP |                         |  |
| 3.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                         |  |
| 3.3 STREET ADDRESS  |                         |  |
| 3.4 CITY - ST - ZIP |                         |  |
| 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           | SIT H.C. ANDERSON       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | 10140 VISTA POINT DRIVE |  |
| 6.3 STREET ADDRESS  | TAMPA, FL. 33625        |  |
| 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jose Lind Alvarez* 5 FEB 1997 (813) 831-0838  
JOSE LIND ALVAREZ

CR2E037 (9/96)