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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

9/25/1961

4. FEI Number

59-154981

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

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

10. Name and Address of New Registered Agent

81 Name

Nancy Freeman

82 Street Address (P.O. Box Number is Not Acceptable)

608 N. Willow Ave.

83

84 City

Tampa

FL

85 Zip Code

33606

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

Nancy Freeman, Sec. Tres.

5-13-98

(Signature, typed or printed name of registered agent and title of appointable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **Gary Phillips**
STREET ADDRESS **3211 Santiago, Tampa, Fl.**
CITY-ST-ZIP

TITLE **VP** ☐ DELETE

NAME **Don Pierson**
STREET ADDRESS **5833 Mariner Dr. Tampa, Fl.**
CITY-ST-ZIP

TITLE **P** ☐ DELETE

NAME **Jose Alvarez**
STREET ADDRESS **6601 S. Westshore Blvd.**
CITY-ST-ZIP **Tampa, Fl.**

TITLE **D** ☐ DELETE

NAME **William Anderson**
STREET ADDRESS **7013 Nundy Avenue**
CITY-ST-ZIP **Gibsonton Fl.**

TITLE **D** ☐ DELETE

NAME **Michael R. Thomas**
STREET ADDRESS **12734 Woodtrail Blvd.**
CITY-ST-ZIP **Tampa, Fl.**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sect./Tres.** ☐ Change ☒ Addition

1.2 NAME **Nancy Freeman**
1.3 STREET ADDRESS **1606 7th St. S.W.**
1.4 CITY-ST-ZIP **Ruskin, Fl. 33570**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **H.C. Anderson**
2.3 STREET ADDRESS **10140 Vista Point Drive**
2.4 CITY-ST-ZIP **Tampa, Fl. 33635**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Ralph Marsicano**
3.3 STREET ADDRESS **11334 Oakleaf Ave.**
3.4 CITY-ST-ZIP **Tampa, Fl.**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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: **Nancy Freeman** **NANCY FREEMAN**

(Signature and typed or printed name of signing officer or director)

5-13-98

Date

813-253-5762

Daytime Phone #

CR2E037 (10/97)