

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 039 ****61.25

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DOCUMENT # 702934

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/25/1961

4. FEI Number

59-6154981

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

FREEMAN, NANCY
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

Nancy Freeman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS MICHAEL R. THOMAS
CITY-ST-ZIP 12734 WOOD TRAIL BLVD.
TAMPA FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS PIERSON, DON
CITY-ST-ZIP 5833 MARINER DRIVE
TAMPA FL

TITLE ☒ DELETE
NAME P
STREET ADDRESS ALVAREZ, JOSE L.
CITY-ST-ZIP 6801 S. WESTSHORE BLVD.
TAMPA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS ANDERSON, WILLIAM
CITY-ST-ZIP 7013 NUNDY AVENUE
GIBSONTON FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS MARSICANO, RALPH
CITY-ST-ZIP 11334 OAKLEAF AVE.
TAMPA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS H.C. ANDERSON
CITY-ST-ZIP 10140 VISTA POINT DR.
TAMPA FL 33635

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME P
3.3 STREET ADDRESS NANCY FREEMAN
3.4 CITY-ST-ZIP 608 N. WILLOW AVE.
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 D
5.3 STREET ADDRESS PAUL J. ECENIA
5.4 CITY-ST-ZIP 8601 N. GOMEZ
TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Nancy Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

Date

813-253-5762

Daytime Phone #

CR2E037 (11/98)