

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 90038 002 ****61.25

DOCUMENT # 704319

1. Corporation Name

NORTH TAMPA CHAMBER OF COMMERCE, INC.

Principal Place of Business
3333 EAST BUSCH BOULEVARD
TAMPA FL 33612

Mailing Address
3333 EAST BUSCH BOULEVARD
TAMPA FL 33612

1 43714 3 7 1 2 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/24/1962

4. FEI Number

59-0973498

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

9. Name and Address of Current Registered Agent

SIEGEL, LAWRENCE
3333 EAST BUSCH BLVD.
TAMPA FL 33612

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** ☐ DELETE
NAME **BRIAN, KAY**
STREET ADDRESS **17016 SHADY PINES DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE
NAME **FUTCH, CHARLES**
STREET ADDRESS **3333 EAST BUSH BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ DELETE
NAME **APISA, FRANK**
STREET ADDRESS **3333 E BUSCH BLVD**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ DELETE
NAME **WARD, PETER**
STREET ADDRESS **3333 EAST BUSH BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **WHITE, HERMA**
STREET ADDRESS **302 W FLETCHER AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **DT** ☒ DELETE
NAME **WENRICK, JOHN C**
STREET ADDRESS **3333 EAST BUSH BLVD.**
CITY-ST-ZIP **TAMPA FL**

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

Correction of Name
Kay Briant

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Stephanie Fernandez
10013 North Florida Ave.
Tampa, Fla. 33612 813-228-1111

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Treasurer
Fay Mill
P.O. Box 17094
Tampa Fla. 33682

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 813-980-6966

CR2E037 (11/98)