

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 # 707140 (0)
1. Corporation Name
TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.



Principal Place of Business
**2629 BAYSHORE BLVD
TAMPA FL 33629**

Mailing Address
**2629 BAYSHORE BLVD
TAMPA FL 33629**

3. Date Incorporated or Qualified
04/13/1964

3a. Date of Last Report
02/14/1995

4. FEI Number
59-0602950

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 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, CARMEN E
5701 MARINER ST., APT 705
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name
LAURA ANDRADE

82 Street Address (P.O. Box Number is Not Acceptable)
1107 W ADALee

83 City
TAMPA-FLA

84 State
FL

85 Zip Code
33603

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 *Laura L. Andrade*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
PD	RODRIGUEZ, CARMEN E	5701 MARINER ST., APT 705	TAMPA, FL 00000	<input checked="" type="checkbox"/>
VPD	ANDRADE, LAURA	1107 W. ADALee	TAMPA FL	<input checked="" type="checkbox"/>
VD	SMITH, LYNN	4223 AZEELE ST.	TAMPA FL	<input checked="" type="checkbox"/>
DT	WILDEN, MILLIE	3402 SAN JUAN	TAMPA FL	<input checked="" type="checkbox"/>
S	BLACK, EMILY	4611 HAWTHORNE	TAMPA, FL 00000	<input checked="" type="checkbox"/>
S	GUENTHER, LAURIE	1100 NORTSHORE DR. NE	ST. PETERSBURG FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LAURA ANDRADE	1107 W. ADALee	TAMPA-FL 33603	<input checked="" type="checkbox"/>
VPD	Josie Stewart	4202 CORONA	TAMPA FL 33629	<input checked="" type="checkbox"/>
VPD	CAROLYN Nicholson	2604 Jettson Ave	TAMPA FL 33629	<input checked="" type="checkbox"/>
TD	Emily BLACK	4611 Hawthorne	TAMPA FL 33611	<input checked="" type="checkbox"/>
S	JO Fishburne	3702 TACON	TAMPA FL 33629	<input checked="" type="checkbox"/>
S	Esther Castillo	3714 BARCELONA	TAMPA FL 33629	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)