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Mar 27 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 # 707140 (0)

1. Corporation Name

TAMPA FEDERATION OF GARDEN CLUB CIRCLES, INC.

Principal Place of Business

Mailing Address

2629 BAYSHORE BLVD
TAMPA FL 33629

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TAMPA FL 33629



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

04/13/1964

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

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

9. Name and Address of Current Registered Agent

ANDRADE, LAURA
1107 W ADALEE
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name	Carolyn Nicholson	
82 Street Address (P.O. Box Number is Not Acceptable)	2604 Jetton Ave.	
83 City	Tampa	33629-7710
84 Zip Code	FL	85

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 Carolyn Nicholson *Carolyn Nicholson* DATE 03/02/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ANDRADE, LAURA	1.2 NAME	Carolyn Nicholson
STREET ADDRESS	1107 W ADALEE	1.3 STREET ADDRESS	2604 Jetton Ave.
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL 33629-7710
TITLE	VPO	2.1 TITLE	
NAME	STEWART, JOSIE	2.2 NAME	
STREET ADDRESS	4202 CORONA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	NICHOLSON, CAROLYN	3.2 NAME	Grant, Evelyn
STREET ADDRESS	2604 JETTON AVE	3.3 STREET ADDRESS	4618 W. Lowell Ave.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33629-7629
TITLE	TD	4.1 TITLE	
NAME	BLACK, EMILY	4.2 NAME	
STREET ADDRESS	4811 HAWTHORNE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	CASTILLO, ESTHER	5.2 NAME	
STREET ADDRESS	3714 BARCELONA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Carolyn Nicholson *Carolyn Nicholson* 03/02/98 813-259-1438

CR2E037 (10/97)