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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 707140

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

9. Name and Address of Current Registered Agent

NICHOLSON, CAROLYN
2604 JETTON AVE
TAMPA FL 33629

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 PD
NAME NICHOLSON, CAROLYN
STREET ADDRESS 2604 JETTON AVE
CITY-ST-ZIP TAMPA, FL 00000 33629

☒ DELETE

TITLE VPD
NAME STEWART, JOSIE
STREET ADDRESS 4202 CORONA
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE VD
NAME GRANT, EVELYN
STREET ADDRESS 4618 W LOWELL AVE
CITY-ST-ZIP TAMPA FL 33629

☒ DELETE

TITLE TD
NAME BLACK, EMILY
STREET ADDRESS 4611 HAWTHORNE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE S
NAME CASTILLO, ESTHER
STREET ADDRESS 3714 BARCELONA
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
STEWART, JOSIE
4202 CORONA
TAMPA FL

☐ Change ☐ Addition

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

VPD
LEE, FAYE B.
3311 W. CORONA
TAMPA FL

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
SCOTT, LOLLIE
4325 DUNMORE AVE. APT. 12
TAMPA FL

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
COMES, DEAN
4710 VASCONIA
TAMPA FL

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S
COMES, DEAN
4710 VASCONIA
TAMPA FL

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Emily Black

SIGNATURE REQUIRED

Feb 21, 1999

813-837-3059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)