FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(5)

THE TAMPA ORATORIO SOCIETY, INC.

FILED								
May 01 1998 8:00am								
Secretary of State								

Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
P.O. BOX 5124 TAMPA FL 33675-5124		P.O. BOX 5124 TAMPA FL 33675-5124			3. Date Incorporated or Qualified 01/19/1968				
US		U\$				4. FEI Number	T 7	Applied For	
						59-6201219	_	ot Applicable	
2. Principal Pi	ace of Business	2a. Mailing Address					\$8.75	Additional	
21		26				5. Certificate of Status Desired	-	Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	May Be	
22		27				Trust Fund Contribution	Added	to Fees	
City & State	1	 	City & State			7. Is this nonprofit corporation a homeowners association?			
23			28			<u> </u>	No		
Zip				Country		8. This corporation owes or has paid the curr			
24	26 20 30 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
	5. Name and Address of Curr	ent registered Agent		и	Name	10. Halle alle Recises et tien riegistores r	gon		
ecott i	ROBERT T		L	1					
	NOBERT T		8	12	Street Addre	ess (P.O. Box Number Is Not Acceptable)			
TAMPA F			8	13				· ·	
i i i i i i i i i i i i i i i i i i i	2 30017		-	_					
			8	4 (City	FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the abo	ve-r	named corp		changing	its registered	
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change was as	uthorized	by th	he corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment a	s registered	
	The time with, and accept the con	gallons of, sootion strictors, i to	iou olulo						
SIGNATURE _	Bignature, typed or printed name of registered i	gent and title if applicable (NOTE	Registered A	\pent	signature require	ed when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	VO	DELETE	1,1 TITL	E		1	Change	☐ Addition	
NAME	BRYSON, RANDY		1.2 NAM	IE	Ì				
STREET ADDRESS	2018 HIGHLAND AVE		1.3 STRE	EET AD	ODRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 City	- ST -	ZIP				
TITLE	PD	☐ DELETE	2.1 TITL				L_ Change	Addition	
NAME	SELPH, FRANK JR		2.2 NAA			-			
STREET ADDRESS	5107 RIVER BLVD.	1 -		2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		ZIP		Change	Addition	
TITLE	ALIEN DETTY	☐ DELETE	3.1 TITL				Crianiya		
NAME	ALLEN, BETTY 17735 DORMAN RD.		3.2 NAM		DDE CC				
STREET ADDRESS	LITHIA FL		3.3 STRE 3.4. C(T)						
CITY-ST-ZIP TITLE	DITRATE	DELETE	4.1 TITL		ZIF		Change	Addition	
NAME			4. 2 NAA		1				
STREET ADDRESS			4.3 STR		DORESS				
CITY-ST-ZIP			4.4 CITY		1				
TITLE		DELETE	5.1 TITL				Change	Addition	
NAME			5.2 NAM	1E					
STREET ADDRESS			5.3 STRE	EET AD	DORESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition	
NAME			6.2 NAM	ΙE					
STREET ADDRESS			6.3 STRE	EET AD	ODRESS				
CITY-ST-ZIP			6.4 CITY	-S1-	ZIP				
14. I hereby o	ertify that the information supplied	with this filling does not qualify for	r the exen	notio	n stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify that th	e information	
officer or of Block 12 of	director of the opropration or the re or Block 13 if changed or on anyal	eceiver of trustee empowered to e ttachment with an address.	xecute thi	is re	port as requ	Section 119.07(3)(i), Florida Statutes. I further cere shall have the same legal effect as if made undired by Chapter 617, Florida Statutes; and that make	y name a	ppears in	