

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 # 726243 (9)

1. Corporation Name

GREATER TAMPA GARDEN CLUB CORPORATION



Principal Place of Business

3833 FLOYD RD.
TAMPA FL 33624

Mailing Address

3833 FLOYD RD.
TAMPA FL 33624

3. Date Incorporated or Qualified

04/26/1973

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1711826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AFFOLTER, WALTER
8706 HAMNER AVE
TAMPA FL 33604

81

Name

FOX, ROSE C.

82

Street Address (P.O. Box Number is Not Acceptable)

8301 N. GOMEZ

83

City

TAMPA, FL

84

State

FL

85

Zip Code

33614

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

Grace C. Fox

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AFFOLTER, WALTER
STREET ADDRESS 8706 HAMNER AVE
CITY-ST-ZIP TAMPA FL
☒ DELETE

11 TITLE P
12 NAME FOX, ROSE C.
13 STREET ADDRESS 8301 N. GOMEZ
14 CITY-ST-ZIP TAMPA, FL 33614
☒ Change ☐ Addition

TITLE V
NAME FOX, ROSE
STREET ADDRESS 8301 N GOMEZ
CITY-ST-ZIP TAMPA FL
☒ DELETE

21 TITLE V
22 NAME AFFOLTER, BERNICE
23 STREET ADDRESS 8706 HAMNER AVE
24 CITY-ST-ZIP TAMPA, FL 33604
☒ Change ☐ Addition

TITLE S
NAME SERRA, HAZEL
STREET ADDRESS 212 W. WILDER AVENUE
CITY-ST-ZIP TAMPA FL 33603
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME LOVELL, KATHRYN L
STREET ADDRESS 3833 FLOYD ROAD
CITY-ST-ZIP TAMPA FL 33624
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME FOX, FRED
STREET ADDRESS 8301 N. GOMEZ
CITY-ST-ZIP TAMPA FL 33614
☐ DELETE

51 TITLE D
52 NAME SMITH, LEROY
53 STREET ADDRESS 8512 EL PORTAL DR
54 CITY-ST-ZIP TAMPA, FL 33604
☐ Change ☒ Addition

TITLE D
NAME LOVELL, LONNIE F
STREET ADDRESS 3833 FLOYD RD
CITY-ST-ZIP TAMPA FL
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Grace C. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

Daytime Phone

CR2E037 (12/95)