

**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 # **732902** (2)  
1. Corporation Name  
**THE TAMPA BAY ESTATE PLANNING COUNCIL, INC.**



Principal Place of Business: P O BOX 17855 TAMPA FL 33682  
Mailing Address: P O BOX 17855 TAMPA FL 33682

3. Date Incorporated or Qualified: **06/02/1975**  
3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **51-0173888**  
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 (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **RAMENDA, JOSEPH T, 500 N WESTSHORE BLVD, SUITE 620, TAMPA FL 33609**  
10. Name and Address of New Registered Agent (81-85): **V. JEAN OWENS, 765 GORTARO DR., SUN CITY CENTER FL 33573**

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: *Jean Owens* (NO "E" Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLLE, DIRK V</b>	1.2 NAME	
STREET ADDRESS	<b>315 E MADISON ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLWANGER, THOMAS J.</b>	2.2 NAME	<b>OWENS, V. JEAN</b>
STREET ADDRESS	<b>501 E. KENNEDY BLVD</b>	2.3 STREET ADDRESS	<b>765 GORTARO DR.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOKS, RONALD D.</b>	3.2 NAME	<b>P</b>
STREET ADDRESS	<b>511 BAY STREET, STE. 300</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMENDA, JOSEPH T</b>	4.2 NAME	<b>V</b>
STREET ADDRESS	<b>500 N. WESTSHORE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDINGFIELD, MILT O</b>	5.2 NAME	
STREET ADDRESS	<b>4350 W CYPRESS ST #436</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ENGLOND, GARY A</b>	6.2 NAME	<b>D VOGEL, MICHELE</b>
STREET ADDRESS	<b>4010 BOY SCOUT BLVD.</b>	6.3 STREET ADDRESS	<b>100 SECOND AVE. S.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>

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: *Jean Owens* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: **1/29/96** 813 633 3396 (Daytime Phone #)

CR2E037 (12/95)