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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
P O BOX 17855 TAMPA FL 33682 P O BOX 17855 TAMPA FL 33682-7855

|                                |    |                     |    |   |    |                                       |    |
|--------------------------------|----|---------------------|----|---|----|---------------------------------------|----|
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified<br>06/02/1975   |    | 3a. Date of Last Report<br>02/05/1996 |    |
| 21                             | 22 | 23                  | 24 | 25  | 26 | 27                                    | 28 |
| Suite, Apt #, etc.             |    | Suite, Apt #, etc.  |    | 4. FEI Number<br>51-0173888   |    | Applied For<br>Not Applicable         |    |
| City & State                   |    | City & State        |    | 5. Certificate of Status Desired <input type="checkbox"/>   |    | \$8.75 Additional Fee Required        |    |
| Zip                            |    | Country             |    | Zip   |    | Country                               |    |
| 29                             |    | 30                  |    | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |    | \$5.00 May Be Added to Fees           |    |
| 29                             |    | 30                  |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |                                       |    |

|  |  |  |  |  |  |    |                      |
|--|--|--|--|--|--|----|----------------------|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent |  |    |                      |
| OWENS, V. JEAN<br>765 CORTARO DRIVE<br>SUITE 620<br>SUN CITY CENTER FL 33573 |  |  |  | 81   | Name<br>BYRON C. SMITH   |    |                      |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br>401 E. JACKSON ST. |    |                      |
|  |  |  |  | 83   | SUITE 3400   |    |                      |
|  |  |  |  | 84   | City<br>TAMPA  | 85 | Zip Code<br>FL 33602 |

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: *X Byron C. Smith* DATE: 1-15-97

|                            |                          |  |  |   |                              |  |  |
|----------------------------|--------------------------|--|--|---|------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                          |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |  |  |
| TITLE                      | V                        | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | P                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TOLLE, DIRK V            |  |  | 1.2 NAME  |                              |  |  |
| STREET ADDRESS             | 315 E MADISON ST         |  |  | 1.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                | TAMPA FL                 |  |  | 1.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      | T                        | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   | V                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | OWENS, V. JEAN           |  |  | 2.2 NAME  |                              |  |  |
| STREET ADDRESS             | 765 CORTARO DRIVE        |  |  | 2.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                | SUN CITY CENTER FL       |  |  | 2.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      | P                        | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE   | T                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | ROOKS, RONALD D.         |  |  | 3.2 NAME  | BYRON C. SMITH               |  |  |
| STREET ADDRESS             | 511 BAY STREET, STE. 300 |  |  | 3.3 STREET ADDRESS                                    | 401 E. JACKSON ST. #3400     |  |  |
| CITY-ST-ZIP                | TAMPA FL                 |  |  | 3.4 CITY-ST-ZIP                                       | TAMPA FL 33602               |  |  |
| TITLE                      | V                        | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | RAMENDA, JOSEPH T        |  |  | 4.2 NAME  |                              |  |  |
| STREET ADDRESS             | 500 N. WESTSHORE BLVD.   |  |  | 4.3 STREET ADDRESS                                    | 2502 ROCKY POINT DR. #310    |  |  |
| CITY-ST-ZIP                | TAMPA FL                 |  |  | 4.4 CITY-ST-ZIP                                       |                              |  |  |
| TITLE                      | D                        | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BEDINGFIELD, MILT O      |  |  | 5.2 NAME  | RONALD W. LASDAY             |  |  |
| STREET ADDRESS             | 4350 W CYPRESS ST #436   |  |  | 5.3 STREET ADDRESS                                    | 3030 N. ROCKY POINT DR. #500 |  |  |
| CITY-ST-ZIP                | TAMPA FL                 |  |  | 5.4 CITY-ST-ZIP                                       | TAMPA FL 33607               |  |  |
| TITLE                      | D                        | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | VOGEL, MICHELE           |  |  | 6.2 NAME  |                              |  |  |
| STREET ADDRESS             | 100 SECOND AVENUE SOUTH  |  |  | 6.3 STREET ADDRESS                                    |                              |  |  |
| CITY-ST-ZIP                | ST. PETERSBURG FL        |  |  | 6.4 CITY-ST-ZIP                                       |                              |  |  |

14. I do 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: *X Byron C. Smith* BYRON C. SMITH DATE: 1-15-97 (813) 222-8555

CRE037 (9/96)

**TAMPA BAY ESTATE PLANNING COUNCIL**

**ADDITIONAL LISTING FOR 1997 NONPROFIT CORPORATION ANNUAL REPORT**

**D**

**JOHN P. BAUMANN, JR.  
11210 N. DALE MABRY  
TAMPA, FL 33618**

**S**

**KATHLEEN J. BELMONTE  
101 E. KENNEDY BLVD.  
TAMPA, FL**

**D**

**AMELIA CAMPBELL BISHOP  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL**

**D**

**BETSY D. CRAIG  
401 E. JACKSON STREET  
TAMPA, FL**

**D**

**STEVEN F. HOLUB  
100 S. ASHLEY DRIVE, SUITE 1650  
TAMPA, FL**

**D**

**BRIAN C. SPARKS  
400 N. ASHLEY DRIVE  
TAMPA, FL**