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 # 755607 (9)

1. Corporation Name

NORTH TAMPA LIFE ENRICHMENT CENTER FOR SENIOR CI TIZENS, INC.

Principal Place of Business	Mailing Address
9704 NORTH BOULEVARD TAMPA FL 33612	9704 NORTH BOULEVARD TAMPA FL 33612

3. Date Incorporated or Qualified	3a. Date of Last Report
12/19/1980	02/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2106128 ☐ 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

9. Name and Address of Current Registered Agent

COOK, REBA F
8203 BROWARD PLACE
TAMPA FL 33637-7901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	11 TITLE	C	☒ Change ☐ Addition
NAME	OWENS, ROBERT J		12 NAME	Owens, Robert J.	
STREET ADDRESS	505 BRENTWOOD DR		13 STREET ADDRESS	505 Brentwood Dr.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		14 CITY-ST-ZIP	Temple Terrace, Fl, 33617	
TITLE	T	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	TURNER, HEYWOOD A		22 NAME	Turner, Heywood A.	
STREET ADDRESS	11108 CARROLLWOOD DR		23 STREET ADDRESS	11108 Carrollwood Dr.	
CITY-ST-ZIP	TAMPA FL 33618		24 CITY-ST-ZIP	Tampa, Fl, 33618	
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	REEHER, JAMES		32 NAME		
STREET ADDRESS	904 WEST LINEBAUGH		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	VIVERO, JOSE		42 NAME		
STREET ADDRESS	PO BOX 82182 N/A		43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DELOTTO, JAY		52 NAME		
STREET ADDRESS	924 E BUSCH BLVD		53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Reba F. Cook REBA F. COOK February 1, 1996 (813) 932-0741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #