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Feb 05 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 # **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 33612-7846

3. Date Incorporated or Qualified: **12/19/1980**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2108128** ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	OWENS, ROBERT J		1.2 NAME	Jeffrey Woei	
STREET ADDRESS	505 BRENTWOOD DR		1.3 STREET ADDRESS	3837 Northdale Blvd. #112	
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	Tampa, Florida 33624	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TURNER, HEYWOOD A		2.2 NAME	Mark Moberg	
STREET ADDRESS	11108 CARROLLWOOD DR		2.3 STREET ADDRESS	4830 West Kennedy Blvd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Florida 33609	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REEHER, JAMES		3.2 NAME		
STREET ADDRESS	904 WEST LINEBAUGH		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	VIVERO, JOSE		4.2 NAME	Heywood A. Turner	
STREET ADDRESS	PO BOX 82182 N/A		4.3 STREET ADDRESS	11108 Carrollwood Drive	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Florida 33618	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELOTTO, JAY		5.2 NAME		
STREET ADDRESS	924 E BUSCH BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Reba F Cook Reba F. Cook 1/30/97 (813) 932-0241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048060

FILING REQUIRED