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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755607

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/19/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2108128 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional - Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing ☑ Trust Fund Contribution $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOK, REBA F 8203 BROWARD PLACE TAMPA FL 33637-7901	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 Reba F. Cook DATE Jan 7, 1999
Signature, type 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		☐ Change ☐ Addition
NAME	WOEI, JEFFERY		1.2 NAME		
STREET ADDRESS	3837 NORTHDALE BLVD #112		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOBERG, MARK		2.2 NAME		
STREET ADDRESS	4830 WEST KENNEDY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
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	S/T	☑ Change ☐ Addition
NAME	TURNER, HEYWOOD A		4.2 NAME	Turner, Heywood A.	
STREET ADDRESS	11108 CARROLLWOOD DR		4.3 STREET ADDRESS	11108 Carrollwood Drive	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Florida	
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	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	Cook, Reba F.		6.2 NAME	Cook, Reba F.	
STREET ADDRESS	8203 Broward Place		6.3 STREET ADDRESS	8203 Broward Place	
CITY-ST-ZIP	Temple Terrace, Fl		6.4 CITY-ST-ZIP	Temple Terrace, Fl.	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Reba F. Cook SIGNATURE REQUIRED REBA F. COOK 1-7-99 (813) 932-0241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #