

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 # **759161** (3)

1. Corporation Name

AIA TAMPA BAY, INC./A CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS



Principal Place of Business

Mailing Address

**5405 CYPRESS CENTER DRIVE
SUITE 110
TAMPA FL 33609-1024**

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SUITE 110
TAMPA FL 33609-1024**

3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2149693

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

10. Name and Address of New Registered Agent

**HEPNER, PETER
100 W. KENNEDY BLVD #300
TAMPA FL 33602**

81 Name

GEOFFREY WM. MEYER

82 Street Address (P.O. Box Number is Not Acceptable)

442 W KENNEDY BLVD #320

83

TAMPA FL 33606

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: **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **YOUNG, KRISTINE**
STREET ADDRESS **3063 HOMESTEAD CT.**
CITY-ST-ZIP **CLEARWATER FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **MILLER, JERRY R**
STREET ADDRESS **2815 PRICE ST.**
CITY-ST-ZIP **TAMPA FL**

21 TITLE **T** ☒ Change ☐ Addition
22 NAME **BOB J. CARLSON**
23 STREET ADDRESS **1509 W SWANN #240**
24 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☒ DELETE
NAME **LAFFERTY, STEPHEN B**
STREET ADDRESS **4625 EAST BAY DRIVE, #221**
CITY-ST-ZIP **CLEARWATER FL**

31 TITLE **VP** ☒ Change ☐ Addition
32 NAME **MICHAEL G. AU BUCHON**
33 STREET ADDRESS **511 BAY ST #400**
34 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VP** ☐ DELETE
NAME **MEYER, GEOFFREY**
STREET ADDRESS **808 S. EDISON AVENUE**
CITY-ST-ZIP **TAMPA FL**

41 TITLE **P** ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **HEPNER, PETER M**
STREET ADDRESS **100 W. KENNEDY BLVD, #300**
CITY-ST-ZIP **TAMPA FL**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **LANGER, LINDA**
STREET ADDRESS **17003 ASPEN MEADOWS DR.**
CITY-ST-ZIP **LUTZ FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEOFFREY WM MEYER PRESIDENT

Date

1/25/96

Daytime Phone #

813-253-2616

CR2E037 (12/95)