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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 IN STITUTE OF ARCHITECTS

Principal Place of Business	Mailing Address
5405 CYPRESS CENTER DRIVE SUITE 110 TAMPA FL 33609-1024	5405 CYPRESS CENTER DRIVE SUITE 110 TAMPA FL 33609-1024

3. Date Incorporated or Qualified: 07/13/1981

4. FEI Number: 59-2149693 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 200 N TAMPA ST	26 200 N TAMPA ST
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc. 27 #100
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33602 Country 25 HILLSBOROUGH	Zip 29 33602 Country 30 HILLSBOROUGH

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AU BUCHON, MICHAEL G
515 BAY ST
200
TAMPA FL 33606-2796

10. Name and Address of New Registered Agent

81 Name: MICKEY JACOB
82 Street Address (P.O. Box Number is Not Acceptable): 202 E KENNEDY BLVD
83
84 City: TAMPA **FL** 85 Zip Code: 33602-5117

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: MICKEY JACOB Michael "mickey" Jacob—AIA 1/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	JOHN WILLIAMS--DIRECTOR	☒ Change ☒ Addition
NAME	RUSSELL, MICHAEL L		1.2 NAME		
STREET ADDRESS	501 FIRST AVE N #101		1.3 STREET ADDRESS	7004 SEABURY CT S	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	TAMPA FL	
TITLE	T	☒ DELETE	2.1 TITLE	TREASURER	☒ Change ☒ Addition
NAME	CARLSON, BOB J.		2.2 NAME	ROBERT B GREENBAUM	
STREET ADDRESS	1509 W SWANN #240		2.3 STREET ADDRESS	7959 NINTH AV S	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AU BUCHON, MICHAEL G.		3.2 NAME		
STREET ADDRESS	515 BAY ST #200		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 96		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, GEOFFRY		4.2 NAME		
STREET ADDRESS	808 S. EDISON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VP P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACOB, MICHAEL P		5.2 NAME		
STREET ADDRESS	201 E KENNEDY BLVD #201		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COPE, TERRY W		6.2 NAME		
STREET ADDRESS	100 MADISON ST #200		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: MICKEY JACOB Michael "mickey" Jacob—AIA 1/13/98 813-229-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #