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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 1:09

DOCUMENT # 766318 (0)

1. Corporation Name

THE OLD HYDE PARK GARDEN CLUB, INC.

Principal Place of Business

705 S FIELDING AVENUE
826 ROME AVE S
TAMPA FL 33606
US

Mailing Address

705 S FIELDING AVENUE
826 ROME AVE S
TAMPA FL 33606
US

3. Date Incorporated or Qualified
12/28/1982

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 821 S. Orleans

26 821 S. Orleans

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tampa FL

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33606

25 USA

29 33606

30 USA

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

GIBBONS, KATIE
912 S DAKOTA AVE
TAMPA FL 33606

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	SPOFFORD, ANITA	709 SOUTH WILLOW	TAMPA FL	<input checked="" type="checkbox"/>
PD	HARRIS, ELIZABETH	717 SOUTH DELAWARE	TAMPA FL	<input checked="" type="checkbox"/>
CSD	GIBSON, STEPHANIE	902 SOUTH NEWPORT	TAMPA FL	<input checked="" type="checkbox"/>
T	HUNT, LEIGHT	705 S FIELDING AVENUE	TAMPA FL	<input checked="" type="checkbox"/>
VP	HOOKE, CHARLOTTE	707 S WILLOW	TAMPA FL	<input checked="" type="checkbox"/>
RS	SHERWOOD, NAN	802 SOUTH ORLEANS	TAMPA FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VD	Lea Ann Casper	715 S. Delaware	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Spofoford, Anita	709 S. Willow	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CSD	Suzanne Timman	825 S. Willow	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Thomas, Anna C.	821 S. Orleans	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Welch, Sally	1311 Morrison	Tampa, FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

(Anna C. Thomas)

7/31/96 813.978.4697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)