

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **770223** (6)

1. Corporation Name

**TAMPA BAY GEORGIA BULLDOG/ALUMNI ASSOCIATION, INC.**

Principal Place of Business

% P.O. BOX 270681  
TAMPA FL 33688

Mailing Address

% P.O. BOX 270681  
TAMPA FL 33688



3. Date Incorporated or Qualified  
**09/14/1983**

3a. Date of Last Report  
**05/25/1995**

2. Principal Place of Business  
21 **P.O. Box 130333**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 130333**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2369437**

Applied For  
Not Applicable

22  
City & State  
23 **Tampa, FL**

27  
City & State  
28 **Tampa, FL**

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

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

24 Zip **33681** 25 Country **USA**

29 Zip **33681** 30 Country **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

**DYCHES, A. FLETCHER**  
**11300 FOURTH STREET NORTH**  
**SUITE 200**  
**ST. PETERSBURG FL 33716**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **THOMAS, COLLINS**  
STREET ADDRESS **2703 WINDSUM WAY**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ DELETE  
NAME **BRANNER, ANDY**  
STREET ADDRESS **1005 PATTERSOON STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ DELETE  
NAME **SULTENFUSS, RAY**  
STREET ADDRESS **3607 BAY TO BAY BLVD.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE  
NAME **BRANNEN, VICKIE**  
STREET ADDRESS **1005 E. PATTERSON AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PD**  
2.3 STREET ADDRESS **Branner, Andy**  
2.4 CITY-ST-ZIP **1005 Paterson St. Tampa, FL 33604**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VP**  
3.3 STREET ADDRESS **Armstrong, Neil**  
3.4 CITY-ST-ZIP **212 S. Ward St. Tampa, FL 33609**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **TD**  
4.3 STREET ADDRESS **Rainwater, Jeff**  
4.4 CITY-ST-ZIP **5907 S. Elkins St. Tampa, FL 33611**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **SD**  
5.3 STREET ADDRESS **Moore, Terry**  
5.4 CITY-ST-ZIP **2506 Azeele St. Tampa, FL 33609**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: **Jeff Rainwater**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-18-96**  
Date

**813-837-0097**  
Daytime Phone #

CR2E037 (3/96)