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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09357

(7)

TAMPA COLLEGE ALUMNI ASSOCIATION, INC.

Principal Place	of Business		Mailing Address			A INDIVIDURA SUL SPEND TANDO SULTA I	ilieli jaali gebet dibit oldit oldit	Mata Amara mah
2471 MCMULLEN-BOOTH ROAD CLEARWATER FL 34619			2471 MCMULLEN-BOOTH ROAD CLEARWATER FL 34619-1354					
US			US			3. Date Incorporated or Qualifie 05/17/1985	3a. Date of Last R 05/01/18	eport 196
2. Principal Pia	ace of Business	2	a. Malling Address		····	4. FEI Number 59-2515592		plied For
21		26				08-20 10082		t Applicable
Suite, Apt. #	#, e 1C.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional equired
City & State	3		City & State			6. Election Campaign Financing		
23		26	i i			Trust Fund Contribution		to Fees
Zιρ	Country		Zip	Cour	itry	8. This corporation has liability t		. 199.032,
24	25	26	<u> </u>	30		Florida Statutes	YYYes No	
	9. Name and Address	of Current Reg	listered Agent		81 Name	10. Name and Address of New	Registered Agent	
0.1082	MATINETIN D			L	,,,,,,			
CASEY, KATHLEEN R. 9127 109TH AVE N			82 Street Ad		Address (P.O. Box Number is Not Acceptable)			
	9111 AVE N FL 34647			ł	83		 	
Dingo	FL 34047				24 65		14-1 7:-	~
					84 City		FL 65 Zip	Code
11. Pursuant t	to the provisions of Section	s 617.0502 and	617.1508, Florida Sta	tutes, the ab	ove-named	corporation submits this statement for th	e purpose of changing i	s registered
**	egistered agent, or both, ir	the State of FR the obligations	orida. Such change wa s of, Section 617.0503,	is authorized Florida Stati	i by the cor ites.	poration's board of directors. I hereby ac	cept the appointment as	registered
office or re	m tamiliar with, and accept							
office or re agent. I ar	m iamiliar with, and accept					•	-	
office or re agent. I ar SIGNATURE	Signature, typed or printed name of	registered agent and	tille il applicable. (N		Agent signatur	e required when reinstating)	DATE	50.00
office or reagent. I an SIGNATURE	Signature, typed or printed name of o		title if applicable. (N	13.		e required when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
office or reagent. I are SIGNATURE	Signature, lyped or printed name of OFFI	egistered agent and CERS AND DIR	tille il applicable. (N	13. 1.1 T(T	LE			
office or reagent. I ar SIGNATURE	Signature, lyped or printed name of OFFI PD CASEY, KATHLEEN	egistered agent and CERS AND DIR	title if applicable. (N	13. 1.1 TIT 1.2 NA	LE Me		FICERS AND DIRECTOR	
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SIGNATURE: Mather NRIVES ELLO VIBEROLT april 30, 1987 813-825-128