

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N09357 (7)**

1. Corporation Name

TAMPA COLLEGE ALUMNI ASSOCIATION, INC.

Principal Place of Business

**2471 MCMULLEN-BOOTH ROAD
CLEARWATER FL 34619
US**

Mailing Address

**2471 MCMULLEN-BOOTH ROAD
CLEARWATER FL 34619-1354
US**3. Date Incorporated or Qualified
05/17/19853a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country

4. FEI Number

59-2515592

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. 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

**CASEY, KATHLEEN R.
9127 109TH AVE N
LARGO FL 34647****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 **CASEY, KATHLEEN R.**
STREET ADDRESS **9127 109TH AVE N**
CITY - ST - ZIP **LARGO FL**TITLE **SD** ☒ DELETE
NAME **WEIGAND, TERESA L.**
STREET ADDRESS **11201 122 AVE N #119-B**
CITY - ST - ZIP **LARGO FL**TITLE **TD** ☒ DELETE
NAME **MCDONOUGH, LISA**
STREET ADDRESS **6493 81ST AVE N**
CITY - ST - ZIP **PINELLAS PARK FL**TITLE **VPD** ☒ DELETE
NAME **WIEGMAN, AMY**
STREET ADDRESS **159 MARSHALL ST**
CITY - ST - ZIP **SAFETY HARBOR FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ 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 - ZIP2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME **Parliamentarian / D**
2.3 STREET ADDRESS **Jeresa L. Waigand**
2.4 CITY - ST - ZIP **11201 122 ave N # 119-B**
Largo FL3.1 TITLE **T/D** ☒ Change ☐ Addition
3.2 NAME **Linda Kennedy**
3.3 STREET ADDRESS **1702 Crownwood Ct E.**
3.4 CITY - ST - ZIP **Oldsmar 34677**4.1 TITLE **V/D** ☒ Change ☐ Addition
4.2 NAME **Robert L. Wiley**
4.3 STREET ADDRESS **3603 50th Ave N.**
4.4 CITY - ST - ZIP **St. Pete, FL 33714**5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **Secretary / D**
5.3 STREET ADDRESS **Peggy Howard**
5.4 CITY - ST - ZIP **1412 Pineapple Lane**
Clearwater, FL 346196.1 TITLE
6.2 NAME **600002195506**
6.3 STREET ADDRESS **-05/30/97--01003--029**
6.4 CITY - ST - ZIP *****70.00**

14. I do 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: **Kathleen R. Casey****April 30, 1997 813-825-1283**

CR2E037 (9/96)