FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:54

DOCUMENT # **N12161** **(8)**

1. Corporation Name

OLD HYDE PARK VILLAGE MARKETING FUND, INC.

Principal Place of Business	Mailing Address
~~P. O. BOX 3244~~ ~~1517 W SWANN AVE~~ ~~TAMPA FL 33601-3244~~	P. O. BOX 3244 ~~1517 W SWANN AVE~~ ~~TAMPA FL 33601-3244~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1985**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2606333** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1509 w. Swann Ave #225	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 33606 / 25	Zip / Country 29 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
GLADFELTER, LESLIE H. 1023 MANATE AVENUE WEST BRADENTON FL 34206	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	WESTERHOUSE, PATRICIA D.	1.2 NAME		
STREET ADDRESS	1517 W SWANN AVE	1.3 STREET ADDRESS	1509 w Swann Ave, Suite 225	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	LETSCH, EILEEN F.	2.2 NAME		
STREET ADDRESS	1517 W SWANN AVE	2.3 STREET ADDRESS	1509 w Swann Ave, Suite 225	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	GLADFELTER, LESLIE	3.2 NAME		
STREET ADDRESS	1023 MANATEE AVE W	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34206	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	PEARCE, LINDA	4.2 NAME		
STREET ADDRESS	1517 W SWANN AVE	4.3 STREET ADDRESS	1509 w. Swann Ave, Suite 225	
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Patricia D. Westerhouse 3/2/95 813 251 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA D. WESTERHOUSE