

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N12637 (7)**

1. Corporation Name

**DATA PROCESSING MANAGEMENT ASSOCIATION-TAMPA CHAPTER, INC.**



Principal Place of Business

Mailing Address

C/O PRESIDENT  
P. O. BOX 23745  
TAMPA FL 33623-3745  
US

C/O PRESIDENT  
P. O. BOX 23745  
TAMPA FL 33623-3745  
US

3. Date Incorporated or Qualified  
**12/12/1985**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-6152362**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

25

Country

29

30

Country

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

**PINKERTON, GEORGE  
19516 LAKE OSCEOLA LANE  
ODESSA FL 33556**

81 Name **JACK CROTHERS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7665 SUN ISLAND DR. S.**

83

84 City **ST. PETERSBURG**

FL 85 Zip Code  
**33707**

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

*J. P. Crothers*

**JACK CROTHERS**

**03/09/96**

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S BROUGHTON, KAREN**  
STREET ADDRESS **24234 TWIN LAKE DR.**  
CITY - ST - ZIP **LAND'O LAKES FL**

TITLE ☒ DELETE

NAME **VP STORY, BETH**  
STREET ADDRESS **3580 SE 148TH PLACE**  
CITY - ST - ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D VEATCH, MARSHALL**  
STREET ADDRESS **614 SHADY NOOR DR.**  
CITY - ST - ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME **AD LIGNELL, SUE**  
STREET ADDRESS **400 ISLAND WAY # 1407**  
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **P DOUGHERTY, GEORGE**  
STREET ADDRESS **4712 SINGING STREM WAY**  
CITY - ST - ZIP **TAMPA FL 56**

TITLE ☒ DELETE

NAME **T PINKERTON, GEORGE**  
STREET ADDRESS **19516 LAKE OSCEOLA LANE**  
CITY - ST - ZIP **ODESSA FL**

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

NAME **VP RAI SCHWARTZ**  
STREET ADDRESS **3209 W. RIGGERS AVE**  
CITY - ST - ZIP **TAMPA FLA.**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

NAME **T JACK CROTHERS**  
STREET ADDRESS **7665 SUN ISLAND DR S.**  
CITY - ST - ZIP **ST. PETERSBURG FL 33707**

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:

*J. P. Crothers*

**JACK CROTHERS TREASURER**

**03/09/96 (813) 360-5644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)