

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N16808** (0)

1. Corporation Name

**ZONTA CLUB OF TAMPA I, INC.**

Principal Place of Business

Mailing Address

PO BOX 23451  
230 SO. GUNLOCK AVE.  
TAMPA FL 33609PO BOX 23451  
230 SO. GUNLOCK AVE.  
TAMPA FL 33609-2832

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10455 14th St. NE		26 10455 14th St. NE		09/16/1986		04/24/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 St. Petersburg		27 St. Petersburg, FL		59-6173107		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 FLA		28 St. Petersburg, FL		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		25 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 33702-1901		25 USA		Trust Fund Contribution		<input type="checkbox"/>	
29 33702-1901		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, NAOMI N.  
230 SO. GUNLOCK AVE.  
TAMPA FL 33609

81 Name	FERN DAVIS
82 Street Address (P.O. Box Number is Not Acceptable)	10455 14th St. NE
83	
84 City	St. Petersburg
85 Zip Code	FL 33702-1901

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

FERN DAVIS

4/2/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SPENCE, LINDA	1.2 NAME	Fern Davis
STREET ADDRESS	1702 AVON CT	1.3 STREET ADDRESS	10455 14th St. N.E.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33702-1901
TITLE	PE	2.1 TITLE	VP
NAME	TRAINOR, RHONDA	2.2 NAME	Leartis Mayes
STREET ADDRESS	318 DEER COVE LN	2.3 STREET ADDRESS	511 E. Adelle St.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Tampa, FL 33603
TITLE	VP	3.1 TITLE	Rec Sec
NAME	MAYES, LEARTIS	3.2 NAME	Joyce Fernandez
STREET ADDRESS	511 E ADALEE ST	3.3 STREET ADDRESS	3624 Berger Rd.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	PD	4.1 TITLE	Tres.
NAME	ALLAND, MARGARET MARY	4.2 NAME	Amy Crumpton
STREET ADDRESS	13937 FREINDSHIP LN P O BOX 9	4.3 STREET ADDRESS	16101 Sexton Court
CITY-ST-ZIP	ODESSA FL	4.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D	5.1 TITLE	D
NAME	KEAN, LUCI;E	5.2 NAME	Frankie Crumpton
STREET ADDRESS	4601 GRAYVIEW CT APT 203-C	5.3 STREET ADDRESS	9240 52nd St.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	D	6.1 TITLE	D
NAME	SWINGLEY, MARIE	6.2 NAME	Mary Anne Kearney
STREET ADDRESS	2309 FIG ST	6.3 STREET ADDRESS	608 S. Oregon Ave.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33606

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:

FERN DAVIS

3/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047680

CR2E037 (9/96)