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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N16808 (0)

1. Corporation Name

ZONTA CLUB OF TAMPA I, INC.



Principal Place of Business

Mailing Address

10455 14 ST NE  
ST PETERSBURG FL 33702-1901  
US

10455 14 ST NE  
ST PETERSBURG FL 33702-1901  
US

3. Date Incorporated or Qualified

09/16/1986

4. FEI Number

59-6173107

Applied For

Not Applicable

2. Principal Place of Business

21 16101 SEXTON COURT  
Suite, Apt. #, etc.

2a. Mailing Address

26 16101 SEXTON COURT  
Suite, Apt. #, etc.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

23 City & State  
TAMPA FLORIDA

28 City & State  
TAMPA, FLORIDA

24 Zip  
33647

25 Country  
USA

29 Zip  
33647

30 Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, FERN  
10455 14 ST NE  
ST PETERSBURG FL 33702

81 Name  
AMY CRUMPTON  
82 Street Address (P.O. Box Number's Not Acceptable)  
16101 SEXTON COURT  
83  
84 City  
TAMPA FL 85 Zip Code  
33647

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, FERN	
STREET ADDRESS	10455 14 ST NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAYES, LEARTIS	
STREET ADDRESS	511 E ADELLE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JOYVE	
STREET ADDRESS	3624 BERGER RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CRUMPTON, AMY	
STREET ADDRESS	16101 SEXTON CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUMPTON, FRANKIE	
STREET ADDRESS	9240 52 ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEARNEY, MARY ANNE	
STREET ADDRESS	608 S OREGAON AVE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEARTIS MAYES	
1.3 STREET ADDRESS	511 E. ADELLE ST	
1.4 CITY-ST-ZIP	TAMPA, FL 33603	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HORTENSA VARGAS	
2.3 STREET ADDRESS	5008 SAN MIGUEL ST	
2.4 CITY-ST-ZIP	TAMPA, FL 33629	
3.1 TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUTH POWERS	
3.3 STREET ADDRESS	1007 S. WALK ST	
3.4 CITY-ST-ZIP	TAMPA, FL 33616	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AMY CRUMPTON	
4.3 STREET ADDRESS	16101 SEXTON COURT	
4.4 CITY-ST-ZIP	TAMPA, FL 33647	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOYCE FERNANDEZ	
5.3 STREET ADDRESS	3624 BERGER ROAD	
5.4 CITY-ST-ZIP	LUTZ, FL 33549	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOYCE LUCAS	
6.3 STREET ADDRESS	3212 ALCH STREET	
6.4 CITY-ST-ZIP	TAMPA, FL 33607	

14. I 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:

*Amy B. Crumpton*

4-13-98

813-248-8150

CR2E037 (10/97)