

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 # N23813 (1)

1. Corporation Name

TAMPA BAY WILDLIFE FEDERATION, INC.

Principal Place of Business

P O BOX 21412
TAMPA FL 33622-8412

Mailing Address

P O BOX 21412
TAMPA FL 33622-8412



3. Date Incorporated or Qualified
12/10/1987

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2885572

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

**JOHNSON, TOM J. JR.
3321 CYPRESS STREET
TAMPA 33607-2005**

10. Name and Address of New Registered Agent

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 **THORNHILL, LARRY E.**
STREET ADDRESS **1104 BRISTOLWOOD ST**
CITY - ST - ZIP **BRANDON FL**

TITLE **VD** ☒ DELETE
NAME **ALVARES, RONALD J.**
STREET ADDRESS **5210 BON VIVANT DR #35**
CITY - ST - ZIP **TAMPA FL**

TITLE **ST** ☐ DELETE
NAME **FERLITA, JOHN**
STREET ADDRESS **4815 RIVERSHOR DRIVE**
CITY - ST - ZIP **LUTZ FL**

TITLE **D** ☐ DELETE
NAME **BLAKE, WILLIAM SR.**
STREET ADDRESS **PO BOX 9066**
CITY - ST - ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **WALKER, CHARLES R.**
STREET ADDRESS **6240 105TH TERR NORTH**
CITY - ST - ZIP **PINELLAS PARK FL**

TITLE **D** ☐ DELETE
NAME **JOHNSON, TOM J., JR.**
STREET ADDRESS **3323 CYPRESS ST.**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Jody Millar**
1.3 STREET ADDRESS **3823 San Luis St.**
1.4 CITY - ST - ZIP **Tampa, FL 33629**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-96 813-546-7257

CR2E037 (12/95)