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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25123

1. Corporation Name
TRI-CITY CHAPTER OF NATIONAL AMBUCS, INC.

Principal Place of Business	Mailing Address
% 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616 US	% 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616 US

2. Principal Place of Business
21 1217 PONCE DE LEON BLVD
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER, FL
Zip 24 33756 Country 25 US

2a. Mailing Address
26 1217 PONCE DE LEON BLVD
Suite, Apt. #, etc.
27
City & State
28 CLEARWATER, FL
Zip 29 33756 Country 30 US

3. Date Incorporated or Qualifed
02/16/1988

4. FEI Number (new) ~~59-2914476~~ 59-3475158
☐ Applied For
☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

ZAMMITO, LOUIS
1201 SEMINOLE BLVD., #568
LARGO FL 33770

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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZAMMITO, LOUIS		1.2 NAME		
STREET ADDRESS	1201 SEMINOLE BLVD. #568		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PARRI, RAYMOND L.		2.2 NAME		
STREET ADDRESS	10327 BAY HILLS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KODES, FRED		3.2 NAME		
STREET ADDRESS	5201 37TH AVE NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	ROGERS, ROBERT R		4.2 NAME	WILLIAM STROUD	
STREET ADDRESS	581 SOUTH DUNCAN AVE		4.3 STREET ADDRESS	1753 BELLEAIR FOREST DR. #D4	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BOUNES, PAT		5.2 NAME		
STREET ADDRESS	6928 122 DR N		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREINER, JIM		6.2 NAME		
STREET ADDRESS	2113 POINCIANA TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/17/99 727/586-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)