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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25548 (1)

1. Corporation Name

THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HARLEY E RIEDEL  
P O BOX 1531  
TAMPA FL 33601  
USC/O HARLEY E RIEDEL  
P O BOX 1531  
TAMPA FL 33601-1531  
US3. Date Incorporated or Qualified  
03/22/19883a. Date of Last Report  
11/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Post Office Box 2405

26 Post Office Box 2405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa FL

27 Tampa

City &amp; State

City &amp; State

23 Florida

28 Florida

Zip

Country

Zip

Country

24 33601

25 USA

29 33601

30 USA

4. FEI Number  
59-2891164Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

COLTON, ROBERTA A  
101 E KENNEDY BLVD  
SUITE 2700  
TAMPA FL 33602

81 Name Michael P. Horan

82 Street Address (P.O. Box Number is Not Acceptable)

200 N. Tampa St.

Suite 1900

84 City Tampa

FL

85 Zip Code 33602

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

Michael P. Horan

1-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME COLTON, ROBERTA A  
STREET ADDRESS 101 E KENNEDY BLVD, SUITE 2700  
CITY-ST-ZIP TAMPA FL 33602

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE PD  
NAME WARREN, JEFFREY W  
STREET ADDRESS 220 S. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

DELETE

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

Change Addition

TITLE SD  
NAME LEVINE, DENNIS J  
STREET ADDRESS 215 W. VERNE STREET, SUITE D  
CITY-ST-ZIP TAMPA FL 33606

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME MCCLEROY, KATHLEEN S  
STREET ADDRESS 777 S. HARBOR ISLAND BLVD.  
CITY-ST-ZIP TAMPA FL 33602

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME HORAN, MICHAEL P  
STREET ADDRESS 100 N. TAMPA STREET, SUITE 1900  
CITY-ST-ZIP TAMPA FL 33602

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Appie W. Wane President

1/14/97 813-224-9255

Date Daytime Phone # 0046858

CR2E037 (9/96)