


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N25548 (1)**  
 1. Corporation Name  
**THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business                          | Mailing Address                                      |
| P O BOX 2405<br>P O BOX 1531<br>TAMPA FL 33601<br>US | P O BOX 2405<br>P O BOX 1531<br>TAMPA FL 33601<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 03/22/1988     |
| 4. FEI Number                     | 59-2891164     |
| Applied For                       | Not Applicable |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| Zip Country                    | Zip Country            |
| 25                             | 29 30                  |

|   |   |
|---|---|
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <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

**HORAN, MICHAEL P**  
**100 N TAMPA ST**  
**SUITE 1900**  
**TAMPA FL 33602**

|   |                |
|---|----------------|
| 81 Name   |                |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                |
| 83  |                |
| 84 City   | FL 85 Zip Code |

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.

TURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |  |  |
|---|--|--|--|
| CD<br>COLTON, ROBERTA A<br>101 E KENNEDY BLVD, SUITE 2700<br>TAMPA FL 33602 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <i>SD</i>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| PD<br>WARREN, JEFFREY W<br>220 S. FRANKLIN STREET<br>TAMPA FL 33602         | <input type="checkbox"/> DELETE            | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                        | <i>RUSSELL M. BLAIN</i><br><i>110 E MADISON ST, SUITE 200</i><br><i>TAMPA FL 33602</i> |
| SD<br>LEVINE, DENNIS J<br>215 W. VERNE STREET, SUITE D<br>TAMPA FL 33606    | <input type="checkbox"/> DELETE            | 2.1 TITLE <i>CD</i><br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TD<br>MCLEROY, KATHLEEN S<br>777 S. HARBOR ISLAND BLVD.<br>TAMPA FL 33602   | <input type="checkbox"/> DELETE            | 3.1 TITLE <i>VD</i><br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| VD<br>HORAN, MICHAEL P<br>100 N. TAMPA STREET, SUITE 1900<br>TAMPA FL 33602 | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
|   | <input type="checkbox"/> DELETE            | 5.1 TITLE <i>PD</i><br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
|   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |

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:

*Michael P Horan*

1-6-98 812 273-9395

CR2E037 (10/97)