

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 # N26811 (2)

1. Corporation Name

NAPM - TAMPA BAY, INC.



Principal Place of Business

Mailing Address

7402 N 56TH ST
STE 780
TAMPA FL 33617
US

7402 N 56TH STREET
SUITE 780
TAMPA FL 33617
US

3. Date Incorporated or Qualified
06/07/1988

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 2233 Laurel Oak Drive

Suite, Apt. #, etc.

22

City & State

23 Valrico, Florida

Zip

24 33594

Country

25 Hillsborough

2a. Mailing Address

26 P.O. Box 2324

Suite, Apt. #, etc.

27

City & State

28 Brandon, Florida

Zip

29 33509-2324

Country

30 Hillsborough

4. FEI Number

59-1838116

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

10. Name and Address of New Registered Agent

HILL, JOYCE M
2233 LAUREL OAK DR
VALRICO FL 33594

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

10011 Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OPPERMAN, KARL T
STREET ADDRESS 9234 90TH ST N
CITY-STATE-ZIP SEMINOLE FL

☐ DELETE

TITLE VD
NAME WILSON, EMMANUEL
STREET ADDRESS 1 NORTH DALE MABRY HWY.
CITY-STATE-ZIP TAMPA FL

☒ DELETE

TITLE VD
NAME LONG, STEVEN
STREET ADDRESS 9238 PEBBLE CREEK DR.
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE VD
NAME CIARAVELLA, SAL J
STREET ADDRESS 29350 RHODIN PL
CITY-STATE-ZIP WESLEY CHAPEL FL

☐ DELETE

TITLE SD
NAME MACEDA, JOSEPH P
STREET ADDRESS 5227 SPIKE HORN DR
CITY-STATE-ZIP NEW PORT RICHEY FL

☒ DELETE

TITLE TD
NAME BLAIR, WILLIAM
STREET ADDRESS 5175 97TH WAY, N
CITY-STATE-ZIP ST. PETERSBURG FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

21 TITLE PD
22 NAME Donna P. Gowen
23 STREET ADDRESS 5138 Madison Avenue
24 CITY-STATE-ZIP Tampa, FL 33619

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE D
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☒ Change ☐ Addition

51 TITLE SD
52 NAME Teddi Craddock
53 STREET ADDRESS 680 W. Dr. M.L.King Jr. Blvd.
54 CITY-STATE-ZIP Plant City, FL 33566

☒ Change ☐ Addition

61 TITLE TD
62 NAME Lee B. Glotzback
63 STREET ADDRESS 116 Craft Rd.
64 CITY-STATE-ZIP Brandon, FL 33511

☒ Change ☐ Addition

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: Donna P. Gowen President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

888 (813) 651-0051

Daytime Phone #

CR2E037 (12/95)