

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27764 (2)

1. Corporation Name

TAMPA BAY AREA RADIO BROADCASTERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

LEISER, TODD
877 EXECUTIVE CENTER DRIVE W. SUITE 300
ST. PETERSBURG FL 33702
US

MANNING, DAVID
5510 GRAY STREET SUITE 130
TAMPA FL 33609
US

3. Date Incorporated or Qualified
08/05/1988

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **Art Rowbotham**

26 **Chris Turner**

4. FEI Number
59-2917363

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **404 West Lime St.**

27 **5207 Washington Blvd**

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

City & State

City & State

23 **Lakeland, FL**

28 **Tampa, FL**

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

Zip

Country

Zip

Country

24 **33801**

25 **USA**

29 **33619**

30 **USA**

8. 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

BRANNOCK, STEVEN L.
C/O HOLLAND & KNIGHT
400 NORTH ASHLEY
TAMPA FL 33602

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 617.1503, 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 **LEISER, TODD**
STREET ADDRESS **877 EXECUTIVE CENTER DRIVE, W. SUITE 300**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☒ DELETE
NAME **GODOFSKY, STEVE**
STREET ADDRESS **9721 EXECUTIVE CENTER DRIVE, N, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ DELETE
NAME **ROWBOTHAM, ARTHUR**
STREET ADDRESS **P.O. BOX 2038**
CITY-ST-ZIP **LAKELAND FL**

TITLE **DST** ☐ DELETE
NAME **MANNING, DAVID**
STREET ADDRESS **5510 GRAY STREET, SUITE 130**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE **President "D"** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **1st Vice President "D"** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **2nd Vice President "D"** ☐ Change ☒ Addition
5.2 NAME **Dave Reinhardt**
5.3 STREET ADDRESS **4002-A Gandy Blvd**
5.4 CITY-ST-ZIP **Tampa, FL**

6.1 TITLE **Secretary/Treasurer "D"** ☐ Change ☒ Addition
6.2 NAME **Chris Turner**
6.3 STREET ADDRESS **5207 Washington Blvd**
6.4 CITY-ST-ZIP **Tampa, FL**

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. Further, I 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:

Arthur J. Rowbotham Pres. 2/29/96

941-682-8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur J. Rowbotham

Date

Daytime Phone

CR2E037 (12/95)