

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 5:36

DOCUMENT # N29589

1. Entity Name
TAMPA BAY ANTIQUE VEHICLE ASSOCIATION, INC.



Principal Place of Business
LUTZ CENTER
100 1ST NW
LUTZ, FL 33549 US

Mailing Address
P.O. BOX 1321
LUTZ, FL 33549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2890954

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARCIA, JOHN E
18945 CROOKED LN
LUTZ, FL 33548~~

Name Joe Shipley Pres.
Street Address (P.O. Box Number is Not Acceptable)
10706 Sassafras St.
City Tampa FL Zip Code 33617

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph Shipley
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JOHN	
STREET ADDRESS	18945 CROOKED LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GLAZE, DELORIS	
STREET ADDRESS	9602 HAGADORN RD	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLO, SONIA	
STREET ADDRESS	4540 W CLIFTON AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, STELLA	
STREET ADDRESS	14814 DARTMOOR LN	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Bookes	
STREET ADDRESS	208 E. FERN ST	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Covert	
STREET ADDRESS	18168 Sandy Pointe Dr.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN Ciccarello	
STREET ADDRESS	4540 W. Clifton St.	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berold Vann	
STREET ADDRESS	2801 Robertson Tr.	
CITY-ST-ZIP	Lutz, FL 33559	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Shipley, Pres	
STREET ADDRESS	10706 Sassafras St.	
CITY-ST-ZIP	Tampa - 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Shipley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30

212



Tampa Bay Antique Vehicle Association, Inc.

P.O. Box 1321 • LUTZ, FL 33548

APRIL 22, 2004

ANDY DUNLAP
REINSTATEMENT SECTION
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: NUMBER N29589
TAMPA BAY ANTIQUE VEHICLE ASSOC., INC.
NOT-FOR-PROFIT ANNUAL REPORT

Dear Mr. Dunlap:

This will confirm our recent telephone conversation with reference to a duplicate payment that was made by our organization in 2003. You advised that your records did reflect that the payment of \$61.25 was received twice by your office.

We are requesting that you apply the over payment of \$61.25 to the amount that is now due for 2004. The NOT-FOR-PROFIT CORP. ANNUAL REPORT form is attached.

Please feel free to contact me if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Ben J. Ciccarello
Treasurer
813-884-2724

Enclosure