

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
1995 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29827 (5)**
1. Corporation Name
TAMPA BAY CHAPTER-NATIONAL SPA & POOL INSTITUTE INC.

Principal Place of Business Mailing Address
PO BOX 15062 TAMPA FL 33684-5026 **PO BOX 15062 TAMPA FL 33684-5026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1988** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-6933797** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**COX, ELEANOR
558 SOSPREY AVENUE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **VP & D**
NAME **VAN TILBURG, GARY**
STREET ADDRESS **1378 CORNER OAKS DR.**
CITY - ST - ZIP **BRANDON FL**
TITLE **P & D**
NAME **MANNING, JAMES**
STREET ADDRESS **3450 PALENCIA, 711**
CITY - ST - ZIP **TAMPA FL**
TITLE **D**
NAME **MESSER, GINA**
STREET ADDRESS **4118 GUNN HIGHWAY**
CITY - ST - ZIP **TAMPA FL**
TITLE **D**
NAME **ZVRBUS, ANN**
STREET ADDRESS **305 DUQUE ROAD**
CITY - ST - ZIP **LUTZ FL**

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 Change Addition
3.2 NAME **LES CARROLL**
3.3 STREET ADDRESS **121-B KELSEY LANE**
3.4 CITY - ST - ZIP **TAMPA, FL 33619**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: **James Manning** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES MANNING, DIRECTOR

2/8/95 Date **513-963-5575** (Telephone Number)