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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30568 (2)

1. Corporation Name
THE JESSE A. SPICOLA FOUNDATION, INC.



Principal Place of Business Mailing Address
%ANTOINETTE WHEAT
1324 W. BUSCH BLVD
TAMPA FL 33612-7110
US

3. Date Incorporated or Qualified 02/08/1989
3a. Date of Last Report 03/29/1996

2. Principal Place of Business 2a. Mailing Address
21 1/2 Donna Flowers 26 1/2 Donna Flowers
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 8703 River Forest 27 8703 River Forest
City & State City & State
23 Tampa, FL 28 Tampa, FL
Zip Country Zip Country
24 33604 Hillshorough 29 33604 30 Hillshorough

4. FEI Number 59-2973257 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEAT, ANTOINETTE
1324 W BUSCH BLVD
TAMPA FL 33612

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2004 W. Busch Blvd.
83
84 City Tampa FL 85 Zip Code 33612

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 (NOTE: Registered Agent signature required when reinstating) DATE 2-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME FLOWERS, DONNA
STREET ADDRESS 11708 CASEY RD
CITY-ST-ZIP TAMPA FL
TITLE D [] DELETE
NAME SPICOLA, JOSEPH JR
STREET ADDRESS 11705 CASEY RD
CITY-ST-ZIP TAMPA FL
TITLE D [] DELETE
NAME SPICOLA, CYNTHIA
STREET ADDRESS 11708 CASEY RD
CITY-ST-ZIP TAMPA FL
TITLE D [] DELETE
NAME FUENTES, LAWRENCE E.
STREET ADDRESS 1407 W. BUSCH BLVD.
CITY-ST-ZIP TAMPA FL
TITLE D [] DELETE
NAME SPICOLA, JOSEPH
STREET ADDRESS 11708 CASEY RD
CITY-ST-ZIP TAMPA FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE [X] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS 8703 River Forest
1.4 CITY-ST-ZIP Tampa, FL 33604
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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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: [Signature] DATE 2-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048055

CR2E037 (9/96)