

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:51

DOCUMENT # **N38229 (3)**
1. Corporation Name
SAFARI CLUB INTERNATIONAL TAMPA CHAPTER INC.

Principal Place of Business Mailing Address
608 W. HORATIO ST. STE. B TAMPA FL 33606 **608 W. HORATIO ST. STE. B TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1990	3a. Date of Last Report 01/27/1994
4. FEI Number 59-3018706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**TOOLE, DANA G.
ATTORNEY AT LAW
608 WEST HORATIO STREET STE. B
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MERYMAN, DALE
STREET ADDRESS	5925 LAKE MERYMAN WAY
CITY-ST-ZIP	RIVERVIEW FL
TITLE	VD
NAME	DANIEL, RICHARD
STREET ADDRESS	4505 BAY TO BAY BLVD.
CITY-ST-ZIP	TAMPA FL <i>remove</i>
TITLE	SD
NAME	ANDERSON, JEFF
STREET ADDRESS	5120 SAN JOSE STREET
CITY-ST-ZIP	TAMPA FL <i>remove</i>
TITLE	D
NAME	GRANT, BRUCE
STREET ADDRESS	9815 25TH ST., E.
CITY-ST-ZIP	PARRISH FL
TITLE	B
NAME	TOOLE, DANA G.
STREET ADDRESS	608 W. HORATIO ST., STE B
CITY-ST-ZIP	TAMPA FL <i>remove</i>
TITLE	D
NAME	KNIGHT, THEODORE H.
STREET ADDRESS	5440 W. TYSON AVE.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	ACREE, DOUG
2.4 CITY-ST-ZIP	740 FIRST COURT PALM HARBOR, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	PETERSON, TOM
3.4 CITY-ST-ZIP	18812 CRESCENT RD. ODESSA, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	WILES, DAVID
4.4 CITY-ST-ZIP	3920 33RD ST. S.E. RUSKIN, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **President** 1-19-95 813-626-955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Form #)