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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38229 (3)

1. Corporation Name

SAFARI CLUB INTERNATIONAL TAMPA CHAPTER INC.



Principal Place of Business

Mailing Address

780 CARILLON PARKWAY
SUITE 200
ST. PETERSBURG FL 33716
US608 W. HORATIO ST.
STE. B
TAMPA FL 33606-22283. Date Incorporated or Qualified
05/21/19903a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 14502 87th Ave No 26 14502 87th Ave No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Seminole, FL

28 Seminole, FL

Zip

Country

Zip

Country

24 33776

25 USA

29 33776

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONNLOF, III JOHN W.
780 CARILLON PARKWAY
SUITE 200
ST. PETERSBURG FL 33716

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RONNLOF, III J
STREET ADDRESS 14502 87TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME DANIEL, RICHARD
STREET ADDRESS 4505 BAY TO BAY BLVD
CITY-ST-ZIP TAMPA FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD
NAME PETERSON, TOM
STREET ADDRESS 18812 CRESCENT RD
CITY-ST-ZIP ODESSA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME WILES, DAVID
STREET ADDRESS 3920 33RD ST SE
CITY-ST-ZIP RUSKIN FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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: President John W. Ronnlof III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047308

CR2E037 (9/96)