

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39497 (5)
1. Corporation Name
PWA COALITION OF TAMPA BAY, INC.



Principal Place of Business P. O. BOX 9731 TAMPA FL 33674-9731	Mailing Address P. O. BOX 9731 TAMPA FL 33674-9731
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3050586		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NIXON, JAMES E 2805 W HORATIO, STE 17 TAMPA FL 33609				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUOLY, JOSEPH		1.2 NAME	Jimmy NIXON			
STREET ADDRESS	5708 NORTH CENTRAL AVE		1.3 STREET ADDRESS	2805 W HORATIO ST #17			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33609			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	JAY MAY - VICE PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CORAM, RICHARD		2.2 NAME	9711 W Foxchapel Rd			
STREET ADDRESS	4014 N MARQUERITE ST		2.3 STREET ADDRESS	Tampa FL 33647			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NIXON, JIMMY		3.2 NAME	Wayne Stodghill			
STREET ADDRESS	2805 W. HORATIO, STE 17		3.3 STREET ADDRESS	1305 E NOME ST			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33604			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treas.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ALBISON, BOB		4.2 NAME	RON PARKS			
STREET ADDRESS	308 E. JEAN ST		4.3 STREET ADDRESS	106 W IDA ST			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa FL 33603			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Amy Oatley - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SACHELL, MARIO		5.2 NAME	9911 53rd AVE N			
STREET ADDRESS	1301 S. HOWARD AVE, STE 17		5.3 STREET ADDRESS	ST PETERSBURG FL 33708			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Joseph Incardone - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SANTIAGO, HECTOR		6.2 NAME	4711 E Linebaugh			
STREET ADDRESS	8213 N. 14TH ST		6.3 STREET ADDRESS	Tampa FL 33617			
CITY-ST-ZIP	TAMPA FL		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 unchanged, or on an attachment with an address.

SIGNATURE _____ 4/17/97

CR2E037 (9/96)