


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P. O. BOX 9731 TAMPA FL 33674-9731</b>	Mailing Address <b>P. O. BOX 9731 TAMPA FL 33674-9731</b>
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2. Principal Place of Business <b>21 6501 N. Nebraska Ave</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
<b>22 Suite, Apt. #, etc.</b>	<b>27 City &amp; State</b>
<b>23 Tampa FL</b>	<b>28 City &amp; State</b>
<b>24 Zip 33604</b>	<b>29 Zip</b>
<b>25 USA</b>	<b>30 Country</b>

3. Date Incorporated or Qualified <b>07/27/1990</b>	
4. FEI Number <b>59-3050586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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) <b>1009 W Braddock ST</b>
83
84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33603</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *James E Nixon* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P NIXON, JIMMY</b>
STREET ADDRESS	<b>2805 HORATIO ST #17</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP MAY, JAY</b>
STREET ADDRESS	<b>9711 FOXCHAPEL RD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD STODGHILL, WAYNE</b>
STREET ADDRESS	<b>130 SE NOME ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD PARKS, RON</b>
STREET ADDRESS	<b>108 W IDA ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D OATLEY, AMY</b>
STREET ADDRESS	<b>9991 33RD AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D INCARDONE, JOSEPH</b>
STREET ADDRESS	<b>4711 E LINEBAUGH</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Jimmy Nixon</b>
1.3 STREET ADDRESS	<b>1009 W Braddock ST</b>
1.4 CITY-ST-ZIP	<b>Tampa FL 33603</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Johany Baldwin VP</b>
2.3 STREET ADDRESS	<b>6601 #197 S Westshore Blvd.</b>
2.4 CITY-ST-ZIP	<b>Tampa FL 33616</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD Jeffrey Edwards</b>
3.3 STREET ADDRESS	<b>1201 W Horatio St #9</b>
3.4 CITY-ST-ZIP	<b>Tampa FL 33606</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *James E Nixon*

CR2E037 (10/97)