

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION'S
ANNUAL REPORT
1996



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

DOCUMENT # N41009 (4)
1. Corporation Name

THE ENTERPRISE CORPORATION OF TAMPA BAY



Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD
STE 200-B
TAMPA FL 33607
US

1111 N. WESTSHORE BLVD
STE 200-B
TAMPA FL 33607
US

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3070815

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ALBA, RUSSELL T
100 NORTH TAMPA ST.
SUITE 2700
TAMPA FL 33601-3391

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	ALBA, RUSSELL T.	
STREET ADDRESS	201 N. FRANKLIN ST. #2100	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	DELETE
NAME	PAPPAS, JAMES	
STREET ADDRESS	4202 FOWLER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	DOBKIN, RICHARD	
STREET ADDRESS	201 N FRANKLIN ST #2000	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, FARIS M.	
STREET ADDRESS	3702 SPECTRUM BLVD., STE 145	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Stankey	
1.3 STREET ADDRESS	4925 W. Bayway Dr	
1.4 CITY - ST - ZIP	Tampa FL 33629	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gene Windham	
2.3 STREET ADDRESS	14417 Sandpiper Circle	
2.4 CITY - ST - ZIP	CLEARWATER FL 34622	
3.1 TITLE	Dick Snyder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	4908 Tampa West Blvd	
3.3 STREET ADDRESS	Tampa FL 33634	
3.4 CITY - ST - ZIP	Tampa FL 33634	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Faris M. Scott	
4.3 STREET ADDRESS	1111 N Westshore Blvd #200B	
4.4 CITY - ST - ZIP	Tampa FL 33607	
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	700001787887	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/21/96--01002--038	
6.3 STREET ADDRESS	***61.25	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT FARIS M.

Date

Daytime Phone

513-119-96

CR2E037 (12/95)