

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90047 026 \*\*\*\*61.25

**DOCUMENT # N42262**

1. Corporation Name

**PAUL A. NUZZO MEMORIAL SCHOLARSHIP FUND, INC.**

Principal Place of Business

**324 PLANT AVENUE  
TAMPA FL 33606**

Mailing Address

**324 PLANT AVENUE  
TAMPA FL 33606**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**02/25/1991**

4. FEI Number

**59-3058026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HINES, JAMES P.  
315 HYDE PARK AVENUE  
TAMPA FL**

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 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 ☐ DELETE

**TITLE** PD  
**NAME** NUZZO, JAMES S.  
**STREET ADDRESS** 324 PLANT AVE.  
**CITY-ST-ZIP** TAMPA FL

**TITLE** SD ☒ DELETE  
**NAME** HINES, JAMES P.  
**STREET ADDRESS** 315 HYDE PARK AVE.  
**CITY-ST-ZIP** TAMPA FL

**TITLE** D ☐ DELETE  
**NAME** GIUNTA, SAM A.  
**STREET ADDRESS** 3302 AZEELE ST.  
**CITY-ST-ZIP** TAMPA FL

**TITLE** D ☐ DELETE  
**NAME** TAAFFE, MALCOLM G.  
**STREET ADDRESS** 60 LADOGA  
**CITY-ST-ZIP** TAMPA FL

**TITLE** D ☐ DELETE  
**NAME** CROWE, THOMAS J.  
**STREET ADDRESS** 2202 N. WARNELL ST.  
**CITY-ST-ZIP** PLANT CITY FL

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☒ Addition  
**1.2 NAME** D  
**1.3 STREET ADDRESS** NUZZO, REGINAL  
**1.4 CITY-ST-ZIP** 324 PLANT AVE  
TAMPA, FL 33606

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE** **JAMES S. NUZZO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)