**FILE NOW: FILING FEE IS $61.25**

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N48110 (3)

1. Corporation Name
TAMPA FRIENDS OF OLD TIME DANCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| USF - P.O. BOX 30916<br>4202 E FOWLER AVE.<br>TAMPA FL 33620 | USF - P.O. BOX 30916<br>4202 E FOWLER AVE.<br>TAMPA FL 33620-9900 |

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3115966 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

DONNELLY, MARY E
304 N. GULF BLVD.
INDIAN ROCKS BEACH FL 34635

**10. Name and Address of New Registered Agent**

81 Name: STANLEY R. PRINCE
82 Street Address (P.O. Box Number is Not Acceptable): 330 BAYVIEW DR NE
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33704

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: Stanley R. Prince DATE: 4/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PRESIDENT-D | ☑ Change ☐ Addition |
| NAME | CHASE, LARRY | | 1.2 NAME | ROBERTA CALL | |
| STREET ADDRESS | P.O. BOX 10513 N/A | | 1.3 STREET ADDRESS | 3618 W. LYKES #101 | |
| CITY-ST-ZIP | TAMPA FL 33679 | | 1.4 CITY-ST-ZIP | TAMPA, FL 33609 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ~~LAURA CLARKE~~ VICE PRESIDENT-D | ☑ Change ☐ Addition |
| NAME | KATZ, RICH | | 2.2 NAME | LAURA CLARKE | |
| STREET ADDRESS | 512 CLEVELAND ST. #274 | | 2.3 STREET ADDRESS | 2454 8TH AVE N. | |
| CITY-ST-ZIP | CLEARWATER FL 34615 | | 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33713 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | TREASURER-D | ☑ Change ☐ Addition |
| NAME | TOTTEN, CINDY | | 3.2 NAME | LINDA PRINCE | |
| STREET ADDRESS | 6107 [illegible] AVENUE SOUTH | | 3.3 STREET ADDRESS | 330 BAYVIEW DR NE | |
| CITY-ST-ZIP | GULFPORT FL 33707 | | 3.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33704 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | ~~SECRETARY~~ | ☐ Change ☐ Addition |
| NAME | STANEZYK, SUE | | 4.2 NAME | | |
| STREET ADDRESS | ECKERD COLLEGE-NAS 4200 54TH AVE. SOUTH | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33711 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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: Stanley R. Prince (Required) Date: 4/23/1997 813-823-2775