

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48632 (6)

1. Corporation Name

INTERNATIONAL CREDIT ASSOCIATION OF GREATER TAMPA
A BAY, INC.

Principal Place of Business

Mailing Address

134 S TAMPA ST
TAMPA FL 33602

134 S TAMPA ST
TAMPA FL 33602



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3135442

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

10. Name and Address of New Registered Agent

LAWSERMILK, DAVID
3001 EXECUTIVE DRIVE, SUITE
SUITE 100
CLEARWATER FL 34622

81 Name

Mike McCarty

82 Street Address (P.O. Box Number is Not Acceptable)

3802 NorthDale Blvd.

83

84 City

Tampa

FL

85 Zip Code

33624

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, as 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 provisions 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

3-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTY, MIKE	
STREET ADDRESS	3802 NORTHDAL BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, RENEE	
STREET ADDRESS	4109 GANDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NIBLETT, KAY	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIBLETT, KAY	
STREET ADDRESS	PO BOX 111	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTY, MIKE	
STREET ADDRESS	PO BOX 30127 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, AL	
STREET ADDRESS	PO BOX 260095 N/A	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mike McCarty	
1.3 STREET ADDRESS	3802 NorthDale Blvd.	
1.4 CITY-ST-ZIP	Tampa, FL 33624	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Krone	
2.3 STREET ADDRESS	134 South Tampa Street	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Renee Byrd	
3.3 STREET ADDRESS	4109 Gandy Blvd.	
3.4 CITY-ST-ZIP	Tampa, FL 33611	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Margaret Shortz	
4.3 STREET ADDRESS	2002 North Lois Avenue	
4.4 CITY-ST-ZIP	Tampa, FL 33607	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Haight	
5.3 STREET ADDRESS	5585 RioVista Drive	
5.4 CITY-ST-ZIP	Clearwater, FL 34620	
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 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 this 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:

Robert L. Krone

January 26, 1996

(813) 273-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SG 2-22-96

CR2E037 (12/95)