

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 # **N49723 (2)**

1. Corporation Name
TRAVELERS AID SOCIETY OF TAMPA, INC.



Principal Place of Business: **1005 N. MARION ST. TAMPA FL 33602**
Mailing Address: **1005 N. MARION ST. TAMPA FL 33602**

Original Date **7/8/57**
Reincorporation **7/1/92**

3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 03/22/1995
4. FEI Number 59-0657334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TODD, DONNA 1005 N. MARION ST. TAMPA FL 33602		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRADSTOCK, GAIL <input checked="" type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSTOCK, GAIL	12 NAME	PD Janson, Russ
STREET ADDRESS	P.O. BOX 3303 N/A	13 STREET ADDRESS	840 S. Boulevard
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL. 33606
TITLE	VD GILBERT, DIANE <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DIANE	22 NAME	
STREET ADDRESS	4401 W. KENNEDY BLVD.	23 STREET ADDRESS	33607
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	SD TOFFALETTI, LILLIAN <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOFFALETTI, LILLIAN	32 NAME	
STREET ADDRESS	8011 INTERBAY BLVD.	33 STREET ADDRESS	33616
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	TD HOCHSCHWENDER, GEORGE <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCHSCHWENDER, GEORGE	42 NAME	TD Sams, W.E.
STREET ADDRESS	2955 KNIGHTS AVE.	43 STREET ADDRESS	P.O. Box 111
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL. 33601
TITLE	D JANSON, RUSS <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANSON, RUSS	52 NAME	D Howell, Gary
STREET ADDRESS	840 S. BOULEVARD	53 STREET ADDRESS	702 N. Franklin St., Ste. 801
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL. 33601
TITLE	D SAMS, W. E <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMS, W. E	62 NAME	D Jacob, Varghese
STREET ADDRESS	P O BOX 111 N/A	63 STREET ADDRESS	4010 W. Spruce St.
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	Tampa, FL. 33607

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

Date: **7/11/92** Daytime Phone #: **913/254-2351**

CR2E037 (12/95)