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.

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

Principal Place of Business
1005 N. MARION ST.
TAMPA FL 33602

Mailing Address
1005 N. MARION ST.
TAMPA FL 33602

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0657334 — 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

TODD, DONNA
1005 N. MARION ST.
TAMPA FL 33602

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 not stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BRADSTOCK, GAIL	
STREET ADDRESS	P.O. BOX 3303 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☐ DELETE
NAME	GILBERT, DIANE	
STREET ADDRESS	4401 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	TOFFALETTI, LILLIAN	
STREET ADDRESS	8011 INTERBAY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☒ DELETE
NAME	HOCHSCHWENDER, GEORGE	
STREET ADDRESS	2955 KNIGHTS AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	JANSON, RUSS	
STREET ADDRESS	840 S. BOULEVARD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	SAMS, W. E	
STREET ADDRESS	P O BOX 111 N/A	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Janson, Russ	
1.3 STREET ADDRESS	840 S. Boulevard	
1.4 CITY-ST-ZIP	Tampa, Fl. 33606	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33607	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33616	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	TD Sams, W.E.	
4.3 STREET ADDRESS	P.O. Box 111	
4.4 CITY-ST-ZIP	Tampa, Fl. 33601	
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME	D Howell, Gary	
5.3 STREET ADDRESS	702 N. Franklin St., Ste. 801	
5.4 CITY-ST-ZIP	Tampa, Fl. 33601	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	D Jacob, Varghese	
6.3 STREET ADDRESS	4010 W. Spruce St.	
6.4 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: Russell G. Janson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/96 Daytime Phone #: 813/254-2351

CR2E037 (12/95)