

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 # N50625 (5)

1. Corporation Name

THE TAMPA BAY BRANCH, NATIONAL ASSOCIATION OF BL
ACK HOSPITALITY PROFESSIONALS, INC.



Principal Place of Business

334 OLD HYDE PARK
TAMPA FL 33606
US

Mailing Address

334 OLD HYDE PARK
TAMPA FL 33606
US

3. Date Incorporated or Qualified
08/28/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address P.O. Box 26613

26 Tampa, FL 33623

4. FEI Number
59-3174907

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, ROBERT B., JR.
334 OLD HYDE PARK
TAMPA FL 33606

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WESTLEY, ELAINE
STREET ADDRESS P.O. BOX 26861
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE P
NAME DREWERY, J. BERNARD
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 111
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE T
NAME DAVIS, MAXINE
STREET ADDRESS 5201 W. KENNEDY BLVD., SUITE 300
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE V
NAME GUEST, MABLE J
STREET ADDRESS 14513 SUTTER PL
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S
NAME VARNES, TONI
STREET ADDRESS 3104 E 24TH AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D
NAME ROBINSON, IRENE
STREET ADDRESS 111 N FORTUNE ST
CITY-ST-ZIP TAMPA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME LEWIS HUSBAND
1.3 STREET ADDRESS 7054 Hollowell Drive
1.4 CITY-ST-ZIP Tampa, FL 33634 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME DIAN GIUSBERG
2.3 STREET ADDRESS THCUA
2.4 CITY-ST-ZIP 111 E. MADSON, Suite 1010
Tampa, FL 33602 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME VIVIAN BRYANT
3.3 STREET ADDRESS 6871 22nd Street North
3.4 CITY-ST-ZIP St. Petersburg, FL 33702 ☐ Change ☒ Addition

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

5.1 TITLE
5.2 NAME 500001865975
5.3 STREET ADDRESS -06/18/96--01133--050
5.4 CITY-ST-ZIP ***61.25 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Daytime Phone #

CR2E037 (12/95)