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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

800 West Platt St, suite 2
394 OLD HYDE PARK
TAMPA FL 33606
US

Mailing Address

P.O. BOX 26613
TAMPA FL 33623-6613

2. Principal Place of Business

21 800 West Platt St, suite 2

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

08/28/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3174907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, ROBERT B., JR.

394 OLD HYDE PARK 800 West Platt St, suite 2
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HUSBAND, LEWIS ☒ DELETENAME HUSBAND, LEWIS
STREET ADDRESS 7054 HOLLOWELL DRIVE
CITY-ST-ZIP TAMPA FL 33634TITLE P ☐ DELETENAME DREWERY, J. BERNARD
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 111
CITY-ST-ZIP TAMPA FLTITLE T ☐ DELETENAME DAVIS, MAXINE
STREET ADDRESS 5201 W. KENNEDY BLVD., SUITE 300
CITY-ST-ZIP TAMPA FLTITLE V ☐ DELETENAME GUEST, MABLE J
STREET ADDRESS 14513 SUTTER PL
CITY-ST-ZIP TAMPA FLTITLE S ☐ DELETENAME VARNES, TONI
STREET ADDRESS 3104 E 24TH AVE
CITY-ST-ZIP TAMPA FLTITLE D ☒ DELETENAME ~~ROBINSON, IRENE~~
STREET ADDRESS 111 N FORTUNE ST
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME HERMAN ROSS
1.3 STREET ADDRESS 2941 Chelsea Woods Dr.
1.4 CITY-ST-ZIP Valrico, FL 335942.1 TITLE ☐ Change ☒ Addition2.2 NAME VIVIAN BAYAUT
2.3 STREET ADDRESS 6871 2nd St. N.
2.4 CITY-ST-ZIP St. Petersburg, FL 337843.1 TITLE ☐ Change ☒ Addition3.2 NAME DIAN GINSBERG
3.3 STREET ADDRESS 111 E. Madison suite 1010
3.4 CITY-ST-ZIP Tampa, FL 336014.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

MABLE J. GUEST - Vice Pres

Mable J. Guest 3/17/97 813-962-7045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048631

CR2E037 (9/96)