

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 19 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50637 (0)
1. Corporation Name
GREATER TAMPA BAY PRIDE ORGANIZATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 172553 P.O. BOX 172553
TAMPA FL 33672 TAMPA FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1992 3a. Date of Last Report 06/02/1994
4. FEI Number 65-0356725 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
FRARY, TODD BARTHOLOM
3806 N. OAK DR #V-52
TAMPA FL 33611

10. Name and Address of New Registered Agent
81 Name Frary, Todd Bartholomew
82 Street Address (P.O. Box Number is Not Acceptable) 300001518623
83 -06/21/95--01001--007
84 City *****61.25 *****61.25
85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Todd Bartholomew Frary, Treasurer* 06/15/95
NOTE: Registered Agent signature required when transferring DATE

12. OFFICERS AND DIRECTORS
TITLE TD
NAME FRARY, TODD BARTHOLOM
STREET ADDRESS 3806 N. OAK DR #V-52
CITY-ST-ZIP TAMPA FL
TITLE P
NAME BARLOW, BARRY G
STREET ADDRESS 4405 PINE MEADOW CT.
CITY-ST-ZIP TAMPA FL
TITLE VP
NAME SMITH, GARY
STREET ADDRESS 2833 11TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL
TITLE S
NAME MCLEOD, JOHN THOMAS
STREET ADDRESS 4003 WEST LEILA AVE
CITY-ST-ZIP TAMPA FL
TITLE A
NAME MYERS, CHRIS
STREET ADDRESS 11907 DIETZ DR.
CITY-ST-ZIP TAMPA FL
TITLE A
NAME MARGAN, KAYE L.
STREET ADDRESS 8910 W DALE MABRY STE 23
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE TD ☒ Change ☐ Addition
12 NAME Frary, Todd Bartholomew
13 STREET ADDRESS 3806 N. OAK DR #V-52
14 CITY-ST-ZIP Tampa, FL 33611
21 TITLE AD ☐ Change ☒ Addition
22 NAME Jackie Sullivan
23 STREET ADDRESS 602 E. Alexander St. #308
24 CITY-ST-ZIP Plant City, FL 33566
31 TITLE PD ☒ Change ☐ Addition
32 NAME Donald Bantz
33 STREET ADDRESS 3806 N. Oak Dr. V-52
34 CITY-ST-ZIP Tampa, FL 33611
41 TITLE SD ☒ Change ☐ Addition
42 NAME Mickey McCommas
43 STREET ADDRESS 720 W. Kentucky Avenue
44 CITY-ST-ZIP Tampa, FL 33603
51 TITLE ☐ Change ☐ Addition
52 NAME 300001518623
53 STREET ADDRESS -06/21/95--01001--008
54 CITY-ST-ZIP *****61.25 *****61.25
61 TITLE AD ☒ Change ☐ Addition
62 NAME Morgan, Kaye L.
63 STREET ADDRESS 8910 W. Dale Mabry Ste 23
64 CITY-ST-ZIP Tampa, FL

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 110.07(3)(b), 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: *Todd Bartholomew Frary* 06/15/95 (813)-837-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)