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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90207 017 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N50637**

1. Corporation Name

**GREATER TAMPA BAY PRIDE ORGANIZATION, INC.**

Principal Place of Business

P.O. BOX 172553  
 TAMPA FL 33672

Mailing Address

P.O. BOX 172553  
 TAMPA FL 33672



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/28/1992**

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

9. Name and Address of Current Registered Agent

**BENTZ, DONALD L**  
**9801 BRIDGETON DRIVE**  
**TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**201 W. Laurel Street #512**

83

84 City **Tampa**

**FL**

85 Zip Code **33602**

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 **TD** ☐ DELETE  
 NAME **ZEBROWSKI, ED**  
 STREET ADDRESS **1502 EAST HENRY AVE.**  
 CITY-STATE-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE  
 NAME **FARMER, CONNIE**  
 STREET ADDRESS **11215 N. NEBRASKA AVE., #B3**  
 CITY-STATE-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE  
 NAME **BENTZ, DONALD**  
 STREET ADDRESS **9801 BRIDGETON DR.**  
 CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE  
 NAME **CCARRASQUILLO, GLADYS**  
 STREET ADDRESS **11215 N. NEBRASKA AVE., #B3**  
 CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-STATE-ZIP

2.1 TITLE **SD** ☒ Change ☐ Addition  
 2.2 NAME **Humming, Suzanne**  
 2.3 STREET ADDRESS **1608 Robin Lane**  
 2.4 CITY-STATE-ZIP **Brandon FL 33510**

3.1 TITLE **PD** ☒ Change ☐ Addition  
 3.2 NAME **Bentz, Donald**  
 3.3 STREET ADDRESS **201 W. Laurel St. #512**  
 3.4 CITY-STATE-ZIP **Tampa FL 33602**

4.1 TITLE **DV** ☒ Change ☐ Addition  
 4.2 NAME **Jim Johnson**  
 4.3 STREET ADDRESS **4516 Dartmouth Ave.**  
 4.4 CITY-STATE-ZIP **Tampa FL 33612**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

**E. Zebrowski**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/99**  
 Date

**813-913-3347**  
 Daytime Phone #

CR2E037 (1/98)