

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 # N92000000212 (2)

1. Corporation Name

THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL  
SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALIST

Principal Place of Business

702 N. FRANKLIN ST.  
TAMPA FL 33602

Mailing Address

P.O. BOX 2394  
TAMPA FL 33601-2394  
US

3. Date Incorporated or Qualified  
11/05/1992

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3205131

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

10. Name and Address of New Registered Agent

KRYSTYN, ELIZABETH  
5521 W. CYPRESS STREET  
TAMPA FL 33607

81 Name

Barbara F. Dolson

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

1401 N. Westshore Blvd, 6th FL

83

84 City

tampa

FL

85 Zip Code

33607

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

Barbara F. Dolson

Barbara Dolson, Treasurer

4/16/96

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHARON, C. WILLIAM  
100 SOUTH ASHLEY DR.  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
KOECHLEIN, LOIS  
601 E. KENNEDY, 17TH FLOOR  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
KRYSTYN, ELIZABETH  
5521 W. CYPRESS STREET  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
HOFFMAN, STEPHEN D  
1511 N. WESTSHORE BLVD., SUITE 1100  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ANNIS, LINDA  
702 N. FRANKLIN STREET, PLAZA 4  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
NELSEN, DONALD J  
1511 N. WESTSHORE BLVD., SUITE 570  
TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

Barbara F. Dolson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (813) 636-6288

Date

Daytime Phone #

CR2E037 (12/95)

FROM: BDOLSON

04/16/96 05:34p

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TO: BDOLSON

N:920000002/2

Additional Directors

T

Dolson, Barbara  
1401 N. Westshore Blvd., 6th Floor  
Tampa, FL 33607

D

Zareczny, Thomas  
100 S. Ashley, Suite 110D  
Tampa, FL 33602