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APPROVED
AND
FILED

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

98 NOV -2 AM 8:21

DOCUMENT # N92000000212 (2)

1. Corporation Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

702 N. FRANKLIN ST.
TAMPA FL 33602

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

3. Date Incorporated or Qualified

11/05/1992

4. FEI Number

59-3205131

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEMERS, RYAN A
3030 N. ROCKY POINT DR WEST
STE. 410
TAMPA FL 33607

81 Name

Jeanelle Hires

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

1500 N. Dale Mabry

83

84 City

Tampa, FL

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

Jeanelle Hires
Signature, typed or printed name of registered agent and title if applicable.

Treasurer
(NOTE: Registered Agent signature required when reinstating)

5-1-98
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
ZARECZNY, THOMAS
100 S. ASHLEY, #1100
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
HARRIS, GRETCHEN
PO BOX 31328 N/A
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
KRYSTYN, ELIZABETH
5521 W. CYPRESS STREET
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

T
SIEMERS, RYAN
3030 N. ROCKY PT DR W, STE. 410
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

D
ANNIS, LINDA
702 N. FRANKLIN STREET, PLAZA 4
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

D
NELSEN, DONALD J
1511 N. WESTSHORE BLVD., SUITE 570
TAMPA FL

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

Jeanelle Hires
1500 N. Dale Mabry
Tampa, FL 33607

Wes Compton
3030 N. Rocky Pt. Dr. W. Ste. 410
Tampa, FL

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.

SIGNATURE:

Jeanelle Hires
REQUIRED

5-1-98 (813) 871-4754

CR2E037 (10/97)