

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000325 (1)
1. Corporation Name

TAXPAYERS ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

1605 S. MISSOURI AVENUE
STE. 1
CLEARWATER FL 34616
US

1605 S. MISSOURI AVENUE
SUITE 1
CLEARWATER FL 34616-1220
US

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

4. FEI Number

59-3164565

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

HOLMES, CURTIS A
1605 S. MISSOURI AVENUE
CLEARWATER FL 34616

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME HOLMES, CURTIS A
STREET ADDRESS 1605 S. MISSOURI AVENUE
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE
12 NAME
13 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MIELE, JOSEPH
STREET ADDRESS 2200 COFFEE PT BLVD N.E.
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SHERWIN, GERALD
STREET ADDRESS 1195 81ST ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE
32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
43 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 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 both, in attachment with an address.

CR2E037 (9/96)