

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 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 # N93000000639 (5)

1. Corporation Name

TAMPA BAY TOTAL QUALITY MANAGEMENT NETWORK, INCO
RPORATED

Principal Place of Business

Mailing Address

FERGUSON HALL (BSN 2402) COLLEGE OF BUS.
UNIV OF S. FL. 4202 E. FOWLER AVE.
TAMPA FL 33620-5500

FERGUSON HALL (BSN 2402) COLLEGE OF BUS.
UNIV OF S. FL. 4202 E. FOWLER AVE.
TAMPA FL 33620



3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
05/01/1996

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

4. FEI Number
59-3226653

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

GOOLSBY, JERRY R JR
CHESTER HOWEL FERGUSON HALL (BSN 2402)
4202 E. FOWLER AVE.
TAMPA FL 33620-5500

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 P
NAME MALINOWSKI, PAUL A
STREET ADDRESS 6214 BOONE DR
CITY-ST-ZIP TAMPA FL 33625

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/O. BOX 12248 N/A
ST. PETERSBURG, FL. 33733

TITLE VP
NAME EGGLESTON, DARRY D
STREET ADDRESS 13408 SILVERCREEK DR
CITY-ST-ZIP RIVERVIEW FL 33569

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
T/O
HAROLD BENTLEY
P.O. BOX 16457 N/A
TAMPA, FL. 33687-6457

TITLE S
NAME SILLS, ROBIN
STREET ADDRESS 11810 108TH COURT NORTH
CITY-ST-ZIP LARGO FL 34648

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V/O
CHRISTINE C. COLLINS
P.O. BOX 2942 N/A
LARGO, FL. 34649-2942

TITLE T
NAME ROMEO, LARRY
STREET ADDRESS 13350 US HIGHWAY 19 N
CITY-ST-ZIP CLEARWATER FL 34624

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

TITLE D
NAME COLLINS, CHRISTINE C
STREET ADDRESS P.O. BOX 2942 N/A
CITY-ST-ZIP LARGO FL 34649-2942

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GOOLSBY, JERRY
STREET ADDRESS 4202 E. FOWLER AVE.
CITY-ST-ZIP TAMPA FL 34209

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 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.

CR2E037 (9/96)