



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90048 001 ****61.25

DOCUMENT # N93000001148 1. Entity Name TAMPA BAY AREA PLANNED GIVING COUNCIL, INC.					
Principal Place of Business 150 SECOND AVE. NORTH SUITE 1100 ST. PETERSBURG, FL 33701			Mailing Address 150 SECOND AVE. NORTH SUITE 1100 ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40125916</div>  <div style="margin-top: 10px;"> 07172007 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3223135		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GLEIM, HOLGER ESQ. 150 2ND AVE. NORTH STE. 1100 ST. PETERSBURG, FL 33701	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>MA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BERKEHISER, NINA P 520 26TH AVE SE ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Nina Berkheiser	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ROTH, WILLIAM F 4202 E FOWLER AVE, ALC100 TAMPA, FL 33620	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Paul Dietrich 9065 Weatherly Rd/Brooksville, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTKNECHT, JOAN P 6830 CENTRAL AVE. #C ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Linda Truslow 501 Park Street N/St. Pete, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMACARTY, REBECCA L PO BOX 15507 ST PETERSBURG, FL 33733	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jeff Fox 1950 Arrowhead Dr/St. Pete, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULEY, LARRY PO BOX 76011 SAINT PETERSBURG, FL 33734	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephanie Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WILSON, STEPHANIE 101 E KENNEDY BLVD TAMPA, FL 33602	<input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Stephanie Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <u>7/16/07</u> <small>Date</small> <u>813/225-8561</u> <small>Daytime Phone #</small> </div>	