

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90030 029 \*\*\*\*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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3223135**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEIM, HOLGER ESQ.  
150 2ND AVE. NORTH  
STE. 1100  
ST. PETERSBURG, FL 33701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PP ☐ Delete  
NAME BERKHEISER, NINA P  
STREET ADDRESS 520 26TH AVE SE  
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE PE ☐ Delete  
NAME DIETRICH, PAUL  
STREET ADDRESS 9065 WEATHERLY RD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE S ☒ Delete  
NAME GUTKNECHT, JOAN P  
STREET ADDRESS 6830 CENTRAL AVE. #C  
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE T ☒ Delete  
NAME DEMACARTY, REBECCA L  
STREET ADDRESS PO BOX 15507  
CITY-ST-ZIP ST PETERSBURG, FL 33733

TITLE VP ☐ Delete  
NAME TRUSLOW, LINDA  
STREET ADDRESS 501 PARK STREET N. ST  
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE P ☐ Delete  
NAME WILSON, STEPHANIE  
STREET ADDRESS 101 E KENNEDY BLVD  
CITY-ST-ZIP TAMPA, FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Jeannine Hodges ☐ Change ☒ Addition  
NAME 1200 Druid Road South  
STREET ADDRESS Clearwater, FL 33756  
CITY-ST-ZIP

TITLE Janet Ware ☐ Change ☒ Addition  
NAME 12107 Majestic Blvd.  
STREET ADDRESS Hudson, FL 34667  
CITY-ST-ZIP

TITLE David Sietsma ☐ Change ☒ Addition  
NAME 2111 Drew Street  
STREET ADDRESS Clearwater, FL 33765  
CITY-ST-ZIP

TITLE Jane Egbert ☐ Change ☒ Addition  
NAME 863 3rd Ave N  
STREET ADDRESS St. Petersburg, FL 33701  
CITY-ST-ZIP

TITLE Joseph Phippen ☐ Change ☒ Addition  
NAME 10225 Ulmerton Rd Ste 11  
STREET ADDRESS Largo, FL 33771  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Stephanie Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/2008*  
Date

*813/205-8861*  
Daytime Phone #