

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003417 (3)

1. Corporation Name

NEW TAMPA COMMUNITY COUNCIL, INC.



Principal Place of Business

P O BOX 292296
TAMPA FL 33687-2296

Mailing Address

P O BOX 292296
TAMPA FL 33687-2296

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21 19651 Bruce B. Downs Blvd.

2a. Mailing Address

26 19651 Bruce B. Downs Blvd.

4. FEI Number
59-3207454

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite D-3152

Suite, Apt. #, etc.

27 Suite D-3152

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

City & State

23 Tampa, FL

City & State

28 Tampa, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 33647

Country

25 U.S.A.

Zip

29 33647

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISS, HERBERT W JR
16003 TAMPA PALMS BLVD W
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

Herb Fiss, Jr.

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

15310 Amberly Drive

83

Suite 250

84 City

Tampa

FL

85 Zip Code

33647

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

Herb Fiss, Jr.
Signature, typed or printed name of registered agent and, if applicable, date

Herb Fiss, Jr., Attorney at Law
(NOTE: Registered Agent signature required when translating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P MARGARELLA, FRANK ☒ DELETE
NAME
STREET ADDRESS 18101 LONGWATER RUN DR.
CITY-ST-ZIP TAMPA FL

TITLE VP WIENER, TODD ☐ DELETE
NAME
STREET ADDRESS 14201 N. 30TH ST.
CITY-ST-ZIP TAMPA FL

TITLE SD JOHNSON, KAREN ☐ DELETE
NAME
STREET ADDRESS 15302 AMBERLY DR
CITY-ST-ZIP TAMPA FL

TITLE TD HILLIARD, BRENDA ☒ DELETE
NAME
STREET ADDRESS 8959 MAGNOLIA CHASE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D-PRESIDENT ☒ Change ☐ Addition
12 NAME Wiener, Todd
13 STREET ADDRESS 14201 N. 30th St.
14 CITY-ST-ZIP Tampa, FL 33647

21 TITLE D-P VICE PRESIDENT ☐ Change ☒ Addition
22 NAME Pickett, Clark
23 STREET ADDRESS 16202 Bruce B. Downs Blvd.
24 CITY-ST-ZIP Tampa, FL 33647

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE D-TREASURER ☐ Change ☒ Addition
42 NAME Elizabeth B. Wortley
43 STREET ADDRESS 8916 Magnolia Chase Circle
44 CITY-ST-ZIP Tampa, FL 33647

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Herb Fiss, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

DATE

813 977 6962

Daytime Phone #

CR2E037 (12/95)