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May 14 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 # N93000003417 (3)

1. Corporation Name

NEW TAMPA COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

19651 BRUCE C. DOWNS BLVD.  
STE D-3152  
TAMPA FL 33647

19651 BRUCE C. DOWNS BLVD.  
STE D-3152  
TAMPA FL 33647-2445

2. Principal Place of Business

2a. Mailing Address

21 19651 Bruce B. Downs Blvd.  
Suite, Apt. #, etc.  
22 Suite D-3152  
City & State  
23 Tampa, Florida  
Zip Country  
24 33647

26 19651 Bruce B. Downs Blvd.  
Suite, Apt. #, etc.  
27 Suite D-3152  
City & State  
28 Tampa, FL  
Zip Country  
29 33647

9. Name and Address of Current Registered Agent

FISS, HERBERT JR  
15310 AMBERLY DR.  
STE 250  
TAMPA FL 33647

3. Date Incorporated or Qualified  
07/26/1993

3a. Date of Last Report  
06/14/1996

4. FEI Number 59-3207454 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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WIENER, TODD	
STREET ADDRESS	14201 N 30TH ST.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WIENER, TODD	
STREET ADDRESS	14201 N. 30TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, KAREN	
STREET ADDRESS	15302 AMBERLY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WARTLEY, ELIZABETH B	
STREET ADDRESS	8916 MAGNOLIA CHASE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PICKETT, CLARK	
STREET ADDRESS	16202 BRUCE C. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank Margarella	
1.3 STREET ADDRESS	19651 Bruce B. Downs Blvd., D-3152	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Todd Wiener	
2.3 STREET ADDRESS	14201 N. 30th St.	
2.4 CITY-ST-ZIP	Tampa, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth Wartley	
4.3 STREET ADDRESS	8916 Magnolia Chase	
4.4 CITY-ST-ZIP	Tampa, FL 33647	
5.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clark Pickett	
5.3 STREET ADDRESS	16202 Bruce B. Downs, Blvd.	
5.4 CITY-ST-ZIP	Tampa, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Herb Fiss, Esq.	
6.3 STREET ADDRESS	15310 Amberly Dr., #250	
6.4 CITY-ST-ZIP	Tampa, FL 33647	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 in an attachment with an address

SIGNATURE: *[Handwritten Signature]*

04/30/97 813-979-1000

CR2E037 (9/96)