

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Murtham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003417 (3)**

1. Corporation Name

**NEW TAMPA COMMUNITY COUNCIL, INC.**



Principal Place of Business	Mailing Address
19851 BRUCE B DOWNS BLVD STE D-3152 TAMPA FL 33647 US	19851 BRUCE B DOWNS BLVD STE D-3152 TAMPA FL 33647 US

3. Date Incorporated or Qualified	07/26/1993
4. FEI Number	59-3207454
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	WIENER, TODD
STREET ADDRESS	14201 N 30TH ST.
CITY-ST-ZIP	TAMPA FL 33647
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	WIENER, TODD
STREET ADDRESS	14201 N. 30TH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	WARTLEY, ELIZABETH B
STREET ADDRESS	8916 MAGNOLIA CHASE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	DV <input checked="" 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bill Crump
1.3 STREET ADDRESS	16011 Tampa Palms Blvd
1.4 CITY-ST-ZIP	Tampa, FL 33647
2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FAUGL, GEORGE
2.3 STREET ADDRESS	19651 BRUCE B. DOWNS Blvd, STE. 46-4
2.4 CITY-ST-ZIP	Tampa, FL 33647
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LYNN GRIGORI
3.3 STREET ADDRESS	8709 HUNTERS GREEN DR
3.4 CITY-ST-ZIP	Tampa, FL 33647
4.1 TITLE	DFIN Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY Polston
4.3 STREET ADDRESS	9144 HIGHLAND Ridge way
4.4 CITY-ST-ZIP	Tampa, FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *[Handwritten Signature]* 4/12/98 16011 Tampa Palms Blvd

CR2E037 (10/97)