

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 # N93000003613 (7)

1. Corporation Name

GIC VICTIMS COMMITTEE OF 300, INC.



Principal Place of Business

Mailing Address

4830 W. KENNEDY BLVD.  
SUITE 665  
TAMPA FL 33609

4830 W. KENNEDY BLVD.  
SUITE 665  
TAMPA FL 33609

3. Date Incorporated or Qualified  
08/06/1993

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4633 GLENSIDE Cir.

26 PO Box 272013

4. FEI Number

59-3198159

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FLORIDA

Zip

Country

24 33624

25 USA

City & State

28 TAMPA, FLORIDA

Zip

Country

29 33688

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGATE, GAYLORD V SR.  
4830 W. KENNEDY BLVD.  
SUITE 665  
TAMPA FL 33609

81 Name

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

4181 8141 AQUILA ST. #348

83

84 City

Port Richey

FL

85 Zip Code

34668

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 firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WINGATE, GAYLORD V SR.  
STREET ADDRESS 1145 WISPER RUN CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ DELETE  
NAME HANSEN, JAMES P  
STREET ADDRESS 4633 GLENSIDE CIRCLE  
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE  
NAME WINGATE, DELURY M  
STREET ADDRESS 1145 WISPER RUN CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 8141 AQUILA ST. #348  
14 CITY-ST-ZIP Port Richey FL 34668

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 8141 AQUILA ST #348  
34 CITY-ST-ZIP PORT Richey FL 34668

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G.V. Wingate Pres 1-30-96 813-287-2747

CR2E037 (12/95)