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**APPROVED
AND
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**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR 24 AM 11:09

DOCUMENT # N93000005016 (1)

1. Corporation Name

MEMORIAL SOCIETY OF TAMPA BAY, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3915 NORTH "A" ST. TAMPA FL 33609	3915 NORTH "A" ST. TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1993	05/01/1994
4. FEI Number	Applied For
59-3213555	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

**BUTTS, HAZEL H
3915 NORTH "A" ST.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAZER, CHALMERS F
STREET ADDRESS	908 W. 131ST AVE.
CITY - ST - ZIP	TAMPA FL 33612
TITLE	VD
NAME	PALM, JOHN W PHD
STREET ADDRESS	16117 W. LAKE BURRELL
CITY - ST - ZIP	LUTZ FL 33549
TITLE	STD
NAME	BUTTS, HAZEL H
STREET ADDRESS	3915 NORTH "A" ST.
CITY - ST - ZIP	TAMPA FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David C. Campbell	
1.3 STREET ADDRESS	707 E. Morgan	
1.4 CITY - ST - ZIP	Brandon, FL 33611	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ralph C. Mahin	
2.3 STREET ADDRESS	P. O. Box 10217	
2.4 CITY - ST - ZIP	Tampa, FL 33679	
3.1 TITLE	Sec/. Trea	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hazel H. Butts	
3.3 STREET ADDRESS	3015 N. A St.	
3.4 CITY - ST - ZIP	Tampa, FL 33609	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hazel H. Butts*
Hazel H. Butts, Secretary/Treas.

3/6-95

813/877-4604