

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 # N93000005098 (9)

1. Corporation Name

THE TAMPA FLORIDA CONFERENCE, INC.



Principal Place of Business

Mailing Address

**112 W. ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32202**

**112 W. ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32202**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, AVA L
112 W ADAMS ST
STE 1814
JACKSONVILLE FL 32202**

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 ☐ DELETE
NAME **Director / Chairman**
CUMMINGS, FRANK C BISHOP
STREET ADDRESS **100 RIVERSIDE DR.**
CITY - ST - ZIP **JACKSONVILLE FL 33711**

TITLE ☐ DELETE
NAME **D**
MARTIN, B H REV
STREET ADDRESS **3927 5TH AVENUE SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ DELETE
NAME **D**
JENKINS, C E REV
STREET ADDRESS **2403 DUNBAR AVE.**
CITY - ST - ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME **D**
KEEL, J B REV
STREET ADDRESS **6705 N. 32ND ST.**
CITY - ST - ZIP **TAMPA FL 33061**

TITLE ☐ DELETE
NAME **D**
WALKER, M M REV
STREET ADDRESS **3701 CORTEZ WAY SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE
NAME **DT**
GREEN, JOHN F REV
STREET ADDRESS **13412 LARAWAY DR.**
CITY - ST - ZIP **RIVERVIEW FL 33518**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
Denmark, J. L.
1.3 STREET ADDRESS **5464 Micco Drive**
1.4 CITY - ST - ZIP **Orlando, FL 32809**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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pm 5-1-96

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

4/27/96

(904)355-8262

Date

Daytime Phone #

CR2E037 (12/95)