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1997 MAY -1 PM 4: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005098 (9)

1. Corporation Name

THE TAMPA FLORIDA CONFERENCE, INC.



Principal Place of Business 112 W. ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202	Mailing Address 112 W. ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202-3837
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2. Principal Place of Business 21 40 East State Street Suite, Apt. #, etc. 22 Jacksonville, FL 23 Zip 32202 Country	2a. Mailing Address 26 40 East State Street Suite, Apt. #, etc. 27 Jacksonville, FL 28 Zip 32202 Country	3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 05/01/1996	4. FEI Number 53-0204696 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PARKER, AVA L 112 W ADAMS ST STE 1814 JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name Parker, Ava L. 82 Street Address (P.O. Box Number is Not Acceptable) 603 N. Market Street 83 84 City Jacksonville FL 85 Zip Code 32202
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CUMMINGS, FRANK C BISHOP 800 RIVERSIDE DR. JACKSONVILLE FL 33711 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC Cummings, Frank C. Bishop 40 East State Street Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, B H REV 3927 5TH AVENUE SOUTH ST. PETERSBURG FL 33711 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Andrews, Theodore 11500 Summit Blvd. Tampa, FL 33867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, C E REV 2403 DUNBAR AVE. MELBOURNE FL 32901 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	7000002164727-9 -05/02/97--01153--012 *****\$61.25 *****\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEL, J B REV 6705 N. 32ND ST. TAMPA FL 33061 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, M M REV 3701 CORTEZ WAY SOUTH ST. PETERSBURG FL 33712 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, JOHN O REV 13412 LARAWAY DR. RIVERVIEW FL 33518 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DT Graham, Charles E. 2101 Lowe Street Tampa, FL 33605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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: *Frank Cummings* 4/30/97 904-355-8767

CR2E037 (9/96)