

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90015 001 ***857.50

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1. Corporation Name

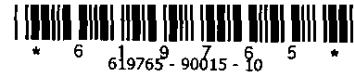
THE TAMPA FLORIDA CONFERENCE, INC.

Principal Place of Business

40 EAST STATE STREET
JACKSONVILLE FL 32202

Mailing Address

40 EAST STATE STREET
JACKSONVILLE FL 32202



2. Principal Place of Business

21 101 East Union St

Suite, Apt. #, etc.

22 Suite 301

City & State

23 Jacksonville, FL

Zip

24 32202 25 Duval

2a. Mailing Address

26 101 East Union St

Suite, Apt. #, etc.

27 Suite 301

City & State

28 Jacksonville, FL

Zip

29 32202 30 Duval

3. Date Incorporated or Qualified

11/12/1993

4. FEI Number

53-0204696

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

9. Name and Address of Current Registered Agent

PARKER, AVA L
603 N. MARKET STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

DeSue, Thomas B.

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

101 East Union Street

83

Suite 301

84 City

Jacksonville

FL

85 Zip Code

32202

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

DeSue, Thomas B.

(NOTE: Registered Agent Signature required when reinstating)

09/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME CUMMINGS, FRANK C BISHOP
STREET ADDRESS 40 EAST STATE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE
NAME ANDREWS, THEODORE
STREET ADDRESS 11500 SUMMIT BLVD
CITY-ST-ZIP TAMPA FL 33867

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

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

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

TITLE DT ☐ DELETE
NAME GRAHAM, CHARLES E
STREET ADDRESS 2101 LOWE STREET
CITY-ST-ZIP TAMPA FL 33605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DeSue, Thomas B. ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS 101 East Union St.
1.4 CITY-ST-ZIP Jacksonville, FL 32202

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

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, with all other like empowered.

SIGNATURE: DeSue, Thomas B.

09/14/99 (904) 355-8062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)