FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 20 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005765 (3)

1. Corporation Name

TAMPA BAY FRIENDS FOR LIFE EDUCATION FUND, INC.

Principal Place of Business	Mailing Address
505 S MAGNOLIA AVE TAMPA FL 33606	505 S MAGNOLIA AVE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3221695 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21 c/o 3706 W Palmira Ave	26 c/o 3706 W Palmira Ave	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State: Tampa FL	28 City & State: Tampa FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
24 Zip: 33629 25 Country: USA	29 Zip: 33629 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CASTILLO, MICHELLE G
505 S MAGNOLIA AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Michelle G. Castillo
82 Street Address (P.O. Box Number is Not Acceptable): c/o 3706 W. Palmira Ave
83
84 City: Tampa FL 85 Zip Code: 33629

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: Michelle G Castillo — 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	BARRETT, DEBBIE	1.2 NAME	Suzan Corral
STREET ADDRESS	627 BANNOCKBURN AVE	1.3 STREET ADDRESS	803 Lowrey Ln
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	Tampa FL 33604
TITLE	VD	2.1 TITLE	VD/SD ☑ Change ☐ Addition
NAME	CORRAL, SUZAN	2.2 NAME	Michelle G. Castillo
STREET ADDRESS	803 LOWREY LN	2.3 STREET ADDRESS	3706 W. Palmira Ave.
CITY-ST-ZIP	TAMPA FL 33604	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	SD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	CASTILLO, MICHELLE G	3.2 NAME	Lettie Best
STREET ADDRESS	505 S MAGNOLIA AVE	3.3 STREET ADDRESS	10413 OakbrookDr
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	Tampa FL 33624
TITLE	TD	4.1 TITLE	☑ Change ☐ Addition
NAME	BEST, LETTIE	4.2 NAME	None
STREET ADDRESS	10413 OAKBROOK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Michelle G Castillo — 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083423