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Jul 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001137 (8)

1. Corporation Name

TAMPA BAY COMMUNITY DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4210
TAMPA FL 33677

P.O. BOX 4210
TAMPA FL 33677-4210

2. Principal Place of Business

21 322 W. Hillsborough Ave.

2a. Mailing Address

22 Tampa Bay Comm. Dev. Council, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

23 Tampa FL

27 City & State

27 P.O. Box 4210
Tampa FL

24 Zip

24 33609

Country

25 Hillsborough

29 Zip

29 33677-4210

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

ROBINSON, JAMES D
6214 GREENWICH DR.
TAMPA FL 33647

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
01/31/1996

4. FEI Number

59-3312495

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 14501 Ancorhet Rd.

84 City

84 Tampa

85 Zip Code

85 FL 33624

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 Jimmy Caldwell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, JAMES D
STREET ADDRESS 6214 GREENWICH DR.
CITY-ST-ZIP TAMPA FL 33647 ☒ DELETE

TITLE D
NAME WILLIAMS, ERNEST C
STREET ADDRESS 1508 HERITAGE DR.
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE

TITLE D
NAME ALLEN, SYLVIA J
STREET ADDRESS 1109 E. CHILKOGT AVE.
CITY-ST-ZIP TAMPA FL 33612-6909 ☒ DELETE

TITLE D
NAME HOUSE, KEVIN N
STREET ADDRESS 14804 N. DALE MABRY
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE D
NAME WILLIAMS, VEOLA J
STREET ADDRESS 5016 SOUTH 87TH ST.
CITY-ST-ZIP TAMPA FL 33619 ☒ DELETE

TITLE D
NAME MASSEY, AMOS
STREET ADDRESS 1328 GANG PLANK DR.
CITY-ST-ZIP VALRICO FL 33594 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Jimmy Caldwell ☐ Change ☒ Addition
1.2 NAME 14501 Ancorhet Rd.
1.3 STREET ADDRESS Tampa, FL 33624 ☐ Change ☐ Addition

2.1 TITLE D Amos Massey Jr.
2.2 NAME 1328 Gangplank Dr.
2.3 STREET ADDRESS Valrico FL 33594 ☐ Change ☐ Addition

3.1 TITLE D Bill Jones ☐ Change ☒ Addition
3.2 NAME 1209 Lady Lane Dr
3.3 STREET ADDRESS Valrico FL 33594 ☐ Change ☐ Addition

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 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, changed, or on an attachment with an address.

SIGNATURE: Jimmy Caldwell

4/30/97

CR2E037 (9/96)