FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

information indicated on this annual report or su I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, of c

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N94000001935 (5)

TAMPA BAY PARTNERSHIP FOR REGIONAL ECONOMIC DEVE LOPMENT, INC.

Mailing Address

4300 CYPRESS ST STE 250 TAMPA F 33607 US			STE) W CYPRESS ST 250 PA FL 33607-4100			3. Date incorp 04/19	orated or Qualified /1994	3a. Date o	f Last R 05/19 \$	eport 96		
t	2. Principal Pl	ace of Business		28.	Mailing Address			4. FEI Number			Ap	pplied For	
Ī	21			26				59-32	48071			t Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.			E Cortificate a	of Status Desired	□ \$	8.75	Additional	
22			27	I			5. Certificate c	n Status Desired		Fee Re	quired		
L	City & State				City & State			6. Election Car	mpaign Financing		\$5.00	May Be	
23			28		+			Trust Fund Contribution			Added to Fees		
ŀ	Zìp	Country Zip			Cor	intry		ation has liability for in			199.032,		
24 25			29	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Florida Statutes Yes No 10. Name and Address of New Registered Agent					
9, Name and Address of Current Registered Agent							81 Name	10. Name and	Address of New Heg	gistered Age	nt		
	PAGE ATHET						or Name						
ROGEL, STUART L 4300 W CYPRESS ST						82 Street	Address (P.O. Box Num	ber is Not Acceptab	le)				
						83							
STE 250 TAMPA FL 33607							63						
	IAMPA F	·L 3360/					B4 City			B 8	Zip (Code	
ŀ	11 Diggraph i	to the provisions of S	Cootion 17 0603	and £1	7 1609 Florido Statu	ton the al	onus named	agracial autorita thi	a statement for the m	FL			
	office or re	egistered agent, or b	ooth in the State of	of Florid	Sugh change yeas	authorize	d by the con	corporation submits thi poration's board of direc	s statement for the pi ctors. I hereby accep	urpose of cha It the appoint	ment as	registered	
	agent. Lai	m familiar with, and	accept the obliga	lions ell	Section 917,0503, FI	lorida Stat	ules. •ر	つ・ /	,	1.16	,		
	SIGNATURE _	Signature, Lood or printed	name of registered agen	Tugʻilgi s	applicable 7.NO	I Projetovo	64 71-6	required when reinstating)	/	16/58			
r	12.	3 , 100 0 1 1 1	OFFICERS AND			13.	. Agent a griature		CHANGES TO OFFIC	ERS AND DIE	RECTOR	S IN 12	
ľ	TITLE	EDD			DELETE	111	TLE				Change	Addition	
ļ	NAME	ROGEL, STUAR	IT L			1.2 N/	\ME						
١	STREET ADDRESS	4300 QW CYPF				1.3 \$1	REET ADDRESS						
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	THIS CT 7ID			, ,		E 6400	תול דים עו						

14. I do hereby certify that the information supplied with this fifting 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 employee of to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Jan 30 1997 8:00am

Secretary of State