


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002175 (7)**

1. Corporation Name

TAMPA BAY FLORIDA UNIT WBCCI, INC.

Principal Place of Business

Mailing Address

**14221 BROOKRIDGE BLVD W
BROOKSVILLE FL 34613
US**

**14221 W BROOKRIDGE BLVD
BROOKSVILLE FL 34613
US**

2. Principal Place of Business

2a. Mailing Address

21 908 SOUTH FORK CIRCLE

26 908 SOUTH FORK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MELBOURNE FL

28 MELBOURNE FL

Zip

Country

Zip

Country

24 32901

25 USA

29 32901

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

59-6212215

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name	BECK JOHN
82 Street Address (P.O. Box Number is Not Acceptable)	908 SOUTH FORK CIRCLE
83	
84 City	MELBOURNE FL
85 Zip Code	32901

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

JOHN P BECK JOHN P BECK

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

(NOTE: Registered Agent signature required when reinstating)

1-15-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HAACKE, HENRY	
STREET ADDRESS	14221 WEST BROOKRIDGE BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KENNEY, DONALD	
STREET ADDRESS	10845 OSCEOLA DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOWES, RUTH	
STREET ADDRESS	29129 JOHNSTON ROAD LOT 2650	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BECK, JOHN	
1.3 STREET ADDRESS	908 SOUTH FORK CIRCLE	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32901	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEATH, MARJORIE	
2.3 STREET ADDRESS	586 WHISPERING LAKE BLVD	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HALLSTEDT, PAUL	
3.3 STREET ADDRESS	3240 HOLIDAY LAKE DR	
3.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **JOHN P BECK JOHN P BECK** **1-15-98 407-727-1591**

CR2E037 (10/97)