FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: __

DOCUMENT # N9400002617 (8)

TAMPA BAY RAINBOW PRIDE BAND, INC.

	TOAT NAINDUW PRIVE BA	NU, INC.					
Principal Place of Business Mailing Address						a coarrier and repris point addits point delits delite briefs briefs (for (for	
PO BOX 172 TAMPA FL 3		PO BOX 172392 TAMPA FL 33672					
·····						3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1994 09/25/1995	
21	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For Not Applicable	le
Suite, Apt. 22 City & State		Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required	
Zip	Country	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24	25 Country	Zip 29	Countr 30			8. This corporation has liability for intangible tax under s. 199.032,	
	9. Name and Address of Currer		1301	Γ_	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	
				81	Name	To the state of th	_
	DS, HORACE G "GERRE"			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	AMILTON AVE				Office: A	Address (1.0. Dox Normber is Not Acceptable)	
TAMPA I	FL 33604			83			_
				84	City	85 Zip Code	_
familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statute	zea ov me c	l l ove-n corpo	amed corp oration's bo	orporation submits this statement for the purpose of changing its registered offic board of directors. I hereby accept the appointment as registered agent. I am	e
	Signature, typed or printed name of registered agent			Agent	l signature requ	equired when reinstating) DATE	
12.	OFFICERS ANI	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HORACE, REYNOLDS JR.	Cloccor	1.1 7)			∆/P Addition	
STREET ADDRESS	920 E. HAMITTON AVE	Δ\/F		1.2 NAME 1.3 STREET ADDRESS		REYNOLDS, HORACE JR.	
CITY-ST-ZIP	TAMPA FL 33604					-	
TITLE	DVP	VP C"DELETE 2		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	CRAWFORD, BRIAN		2.2 NA	ME		_ •	
	2205 CRAWFORD ST		2.3 ST	REET A	address		
CITY-ST-ZIP	TAMPA FL 33607-6920		2. 4 CI	ITY - S	T - Z IP		
TITLE	SCOTT, STOWELL	☐ DELETE	3.1 111	ΙE		Change Addition	
NAME	13907 SPOONHILL CIR		3.2 NA	ME			
STREET ADDRESS	CLEARWATER FL 34613		3.3 ST	REET /	ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	3.4. CI				
NAME	KEYS, JANE	EJULLETE	4.1 111		1	D / T □ Addition	
STREET ADDRESS	2214 LEDAR TRACE CIR		4. 2 N/		NDD0F06		
CITY-ST-ZIP	TAMPA FL 33613		4.3 ST		ADDRESS		-
TITLE	D	DELETE	5.1 Til		-219	Change Addition	{
NAME	GERALD, MCRAE		5.2 NA			Change Noticial	Ī
STREET ADDRESS	4821 E TEMPLE HEIGHTS		5.3 STI	REET A	ADORESS		
CITY-ST-ZIP	TAMPA FL 33617		5.4 CIT				
TITLE		□DELETE	6.1 717			Change Addition	-
NAME			6.2 NAI	ME			
STREET ADDRESS			6.3 STF	REET A	ADDRESS		ļ
CITY-ST-ZIP			6 4 CIT	Y-SI	- ZIP		1

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)(k). 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 AND TYPED OR PRINTELI NAME OF SIGNING OFFICER OR DIRECTOR

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