## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name N9400002948 (7)

THE CENTER OF TAMPA, INC.							
Principal Place	of Business	Mailing Address				{	WILL ADDIT ADDITO LININ ON THE DIGOT LAIN 1881
4610 CENTRAL AVE. TAMPA FL 33603 TAMPA FL 33603-3904			4				
						3. Date Incorporated or Qualified 06/09/1994	3a. Date of Last Report 02/26/1996
2. Principal Pl	ace of Business	2a. Mailing Addres	3			4. FEI Number 59-3249057	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, et	C.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζιρ <b>29</b>	30	ountry		This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, ] Yes
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Agent
				81 Nan	ve		
DUFOUR, GEORGE A 4610 CENTRAL AVE.				82 Stre	Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33603				83			
				84 City			FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida	Statutes, the	above-nam	ed corpo	ration submits this statement for the p	purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change gations of, Section 617.05	was authori 03, Florida S	zed by the c tatutes.	orporatio	on's board of directors. I hereby accep	of the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered a	Sent and tills d porticable	(NOTE: Pagiet)	ered Apent slone	live require	d when reinstating)	DATE
12.		ND DIRECTORS	1:		TO C TOCKNIE	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELE	TE 1.1	TITLE	<u> </u>		Change Addition
NAME	LINDEN, CRAIG M.O.		1.2	NAME			
STREET ADDRESS	3301 BAYSHORE BLVD., #1	408	1.3	STREET ADDRES	is		
CITY-ST-ZIP	TAMPA FL 33629		1.4	CITY+ST-ZIP	1		
TITLE	D	DELE	TE 2.1	I TITLE			Change Addition
NAME	HALLGREN, LINDA		2.2	NAME			
STREET ADDRESS	2531 VICTARRA CIRCLE		2.3	STREET ADDRES	is		
CITY-ST-ZIP	LUTZ FL 33549		2.	4 CITY-ST-ZIP			*** 
TITLE	D	☐ DELE	TE 3.1	TITLE	T. T.		Change Addition
NAME	BECATTI, LANCE		3.2	NAME			
STREET ADDRESS	201 WEST LAUREL STREET	#203	3.3	STREET ADDRES	is		
CITY - ST - ZIP	TAMPA FL			I. CITY-ST-ZIP			
TITLE	D	☐ DELE	TE 4.1	TITLE			☐ Change ☐ Addition
NAME	DOLECIMASCOLO, KYM		4.	2 NAME	-		
STREET ADDRESS	2413 BAYSHORE BLVD, #12	202		STREET ADORES	is		
CITY-ST-ZIP	TAMPA FL	T or i		CITY-ST-ZIP	_ <u> </u>		Observed Total Additional
TITLE	D DUIC MADY	☐ DELE		I TITLE			Change Addition
NAME	PUIG, MARK			NAME	_		
STREET ADDRESS	3717 SAN LUIS ST.			STREET ADORE	SS		
CITY - S1 - ZIP	TAMPA FL 33629	DELE		CITY-ST-ZIP			☐ Change ☐ Addition
TITLE		CT DELE		TITLE	1		Chounting Chyonings
NAME				NAME			
STREET ADDRESS	i		■ 63	STREET ADDRE	1 60		· · · · · · · · · · · · · · · · · · ·

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 if changed, or on an attachment with an address.

CITY-ST-ZIP

**FILED** 

Jan 28 1997 8:00am

Secretary of State