

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90158 044 ****70.00

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1. Corporation Name

THE CENTER OF TAMPA, INC.

Principal Place of Business

4265 HENDERSON BLVD
SUITE B
TAMPA FL 33629
US

Mailing Address

1222 S DALE MABRY HWY
#350
TAMPA FL 33629
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

59-3249057

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

9. Name and Address of Current Registered Agent

OLSON, JIM
5055 S DALE MABRY HWY
APT 1232
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **JIM OLSON, TREASURER****3-1-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **HOFFMAN, DAVID A**
CITY-ST-ZIP **415 S FREMONT AVE, APT D**
TAMPA FL 33606

1.1 TITLE **MD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **FISHER, EUNICE**
CITY-ST-ZIP **303 W VIRGINIA AVE**
TAMPA FL 33603

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OLSON, JIM**
CITY-ST-ZIP **5055 S DALE MABRY HWY, APT 1232**
TAMPA FL 33611

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **CD** ☐ Change ☒ Addition
4.2 NAME **Peggy Lewis**
4.3 STREET ADDRESS **5825 Mariner Street**
4.4 CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **CD** ☐ Change ☒ Addition
5.2 NAME **Robert Bobier**
5.3 STREET ADDRESS **3211 Swann Ave.**
5.4 CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: **DAVID A. HOFFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 813-287-2687

Date

Daytime Phone #

CR2E037 (11/98)