

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003149 (1)

1. Corporation Name

THE CHANNEL DISTRICT COUNCIL, INC.



Principal Place of Business

223 NO. 12TH STREET
TAMPA FL 33602

Mailing Address

223 NO. 12TH STREET
TAMPA FL 33602

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **210 N. 12TH ST.**

26 **P.O. BOX 946**

4. FEI Number
59-3260403

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **TAMPA FL**

28 **TAMPA, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33602**

25 **HILLSBOROUGH**

29 **33601**

30 **HILLSBOROUGH**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, WILLIAM S
223 NORTH 12TH ST
TAMPA FL 33602**

81 Name **LINDA ACKLEY**

82 Street Address (P.O. Box Number is Not Acceptable)
210 N. 12TH ST.

83

84 City **TAMPA**

FL 85 **33602**

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 from the 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

Linda Ackley / President

5-30-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **WHITE, WILLIAM S**
STREET ADDRESS **223 N. 12TH STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **WHITE, GENIE F**
STREET ADDRESS **223 N. 12TH STREET**
CITY - ST - ZIP **TAMPA FL 33602**

TITLE **T** ☐ DELETE
NAME **MARKHAM, KIM H**
STREET ADDRESS **110 NORTH 11TH ST**
CITY - ST - ZIP **TAMPA FL 33602**

TITLE **V** ☐ DELETE
NAME **DOYLE, PATRICK**
STREET ADDRESS **112 SOUTH 12TH ST**
CITY - ST - ZIP **TAMPA FL 33602**

TITLE **Linda Ackley** ☐ DELETE
NAME **210 North 12th St**
STREET ADDRESS **Tampa FL 33602**
CITY - ST - ZIP

TITLE **Tom Vento** ☐ DELETE
NAME **207 North 11th St.**
STREET ADDRESS **Tampa FL 33602**
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **WHITE, WILLIAM S.**
1.3 STREET ADDRESS **223 N. 12TH ST.**
1.4 CITY - ST - ZIP **TAMPA, FL 33602**

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

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

4.1 TITLE **200001856868** ☐ Change ☐ Addition
4.2 NAME **-06/10/96--01019--033**
4.3 STREET ADDRESS *****61.25**
4.4 CITY - ST - ZIP

5.1 TITLE **P/D** ☐ Change ☒ Addition
5.2 NAME **LINDA ACKLEY**
5.3 STREET ADDRESS **210 N. 12TH ST.**
5.4 CITY - ST - ZIP **TAMPA, FL. 33602**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **TOM VENTO**
6.3 STREET ADDRESS **207 N. 11th ST.**
6.4 CITY - ST - ZIP **TAMPA, FL. 33602**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)