

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

1. Corporation Name

**THE TAMPA GALLERY ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
3109 BARCELONA ST 4105 S MACDILL AVENUE TAMPA FL 33611 33629	4105 S MACDILL AVENUE TAMPA FL 33611 33679-0127

3. Date Incorporated or Qualified <b>11/21/1994</b>	3a. Date of Last Report <b>12/13/1995</b>
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2	Principal Place of Business		2a	Mailing Address	
21	Suite, Apt. #, etc.		26	PO Box 10127	
22	City & State		27	Suite, Apt. #, etc.	
23	Zip	Country	28	City & State	
24	25		29	Tampa	
			30	71 33679	

4. FBI Number	Applied For
59-3285029	Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTON, KEVIN H ESQ  
ONE HARBOUR PLACE 5TH FLOOR  
TAMPA FL 33602

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

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

NOTE: Registered Agent signature required when reinstating.

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE		<del>SECRETARY</del> TREAS. (D)	<input type="checkbox"/> DELETE
NAME		SMITH, CARMEN	
STREET ADDRESS		2820 S. MACDILL AVE.	
CITY-ST-ZIP		TAMPA FL 33629	
TITLE		<del>VIC</del> PRESIDENT (D)	<input type="checkbox"/> DELETE
NAME		LAZZARA, JOYCE	
STREET ADDRESS		3109 BARCELONA ST.	
CITY-ST-ZIP		TAMPA FL 33629	
TITLE		<del>BS</del>	<input checked="" type="checkbox"/> DELETE
NAME		MINNES, NANCY	
STREET ADDRESS		2820 S. MACDILL AVE.	
CITY-ST-ZIP		TAMPA FL 33629	
TITLE		VICE PRESIDENT (D)	<input type="checkbox"/> DELETE
NAME		CATHY CLAYTON	
STREET ADDRESS		4105 S. MacDill Ave	
CITY-ST-ZIP		TAMPA FL 33611	
TITLE		SECRETARY (D)	<input type="checkbox"/> DELETE
NAME		GENIE WHITE	
STREET ADDRESS		223 N. 12TH ST	
CITY-ST-ZIP		TAMPA, FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<div> <div>→</div> <div>100001822321</div> <div>-05/15/96--01048--011</div> <div>***61.25</div> </div>	<input type="checkbox"/> Change	<input checked="" 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			

and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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

Del

Daytime Phone #

0001618

CB2E037 (12/95)