

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005814 (8)**

1. Corporation Name

THE TAMPA GALLERY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3109 BARCELONA ST TAMPA FL 33629	P.O. 10127 TAMPA FL 33679-0127

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 10127	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, FL	28
Zip	Country
24 33679	25
	29
	30

4. FEI Number 59-3285029	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	<input type="checkbox"/> DELETE
NAME	TD SMITH, CARMEN
STREET ADDRESS	2820 S. MACDILL AVE.
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> DELETE
NAME	PD LAZZARA, JOYCE
STREET ADDRESS	3109 BARCELONA ST.
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> DELETE
NAME	VPD CLAYTON, CATHY
STREET ADDRESS	4105 S. MACDILL AVE
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> DELETE
NAME	D WHITE, GENIE
STREET ADDRESS	223 N. 12TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Carmen Smith
1.3 STREET ADDRESS	2717 W Kennedy Blvd
1.4 CITY-ST-ZIP	Tampa, FL 33609
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Tam Katzin
2.3 STREET ADDRESS	1609 W Snow Circle
2.4 CITY-ST-ZIP	Tampa, FL 33606
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Ann Delaney
3.3 STREET ADDRESS	900 N Ashley Dr
3.4 CITY-ST-ZIP	Tampa, FL 33602
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Joyce Lazzara
4.3 STREET ADDRESS	3109 Barcelona St
4.4 CITY-ST-ZIP	Tampa, FL 33629
5.1 TITLE	<input type="checkbox"/> Change <input 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	

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.

SIGNATURE: *Carmen Smith* **3/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049184

CR2E037 (9/96)