

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000000868 (8)

1. Corporation Name

WEST TAMPA CENTENNIAL SOCIETY, INC.

Principal Place of Business

STE. 2350 - ONE TAMPA CITY CENTER  
201 N. FRANKLIN STREET  
TAMPA FL 33602

Mailing Address

STE. 2350 - ONE TAMPA CITY CENTER  
201 N. FRANKLIN STREET  
TAMPA FL 33602

FILED

97 OCT 23 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1995  
3a. Date of Last Report 05/01/1996

4. FEI Number APPLIED FOR  
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SALCINES, E. J  
STE. 2350 - ONE TAMPA CITY CENTER  
201 N. FRANKLIN STREET  
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 PD  
NAME SALCINES, E. J  
STREET ADDRESS STE. 2350, 201 N. FRANKLIN  
CITY-ST-ZIP TAMPA FL 33602

TITLE V  
NAME MARTINEZ, ELVIN L  
STREET ADDRESS 2508 TAMPA BAY BLVD., STE. A  
CITY-ST-ZIP TAMPA FL 33607

TITLE IVPD  
NAME RODRIGUEZ, CAROL C  
STREET ADDRESS 3005 W COLUMBUS DR  
CITY-ST-ZIP TAMPA FL 33607

TITLE SD  
NAME RODRIGUEZ, DAGOBERTO JR  
STREET ADDRESS 3005 W COLUMBUS DR  
CITY-ST-ZIP TAMPA FL 33607

TITLE TD  
NAME RIVEIRO, PASTORA  
STREET ADDRESS 3005 W COLUMBUS DR  
CITY-ST-ZIP TAMPA FL 33607

TITLE 2VPD  
NAME MENDEZ, ARMANDO  
STREET ADDRESS 8815 AUDREY LANE  
CITY-ST-ZIP TAMPA FL 33615

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

TD  
GARCIA, MARY VALDES  
4808 DARBY AVENUE  
TAMPA, FL 33603

2VPD  
SANCHEZ, ARSENIO  
4518 N. LINCOLN AVENUE  
TAMPA, FL 33614

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 REQUIRED E.J. SALCINES 8-15-97 223 2378 (813)

CR2E037 (4/97)

Annual Report Section:

We have applied for FEI number and have not received it yet. Please give us a 30 day extension to get this for you.

Thank you.

Form <b>SS-4</b> Rev. December 1995 Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ▶ Keep a copy for your records.	EIN _____ OMB No. 1545-0003
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1 Name of applicant (Legal name) (See instructions.) <b>WEST TAMPA CENTENNIAL SOCIETY, INC.</b>	
2 Trade name of business (If different from name on line 1) <b>SAME</b>	3 Executor, trustee, "care of" name <b>c/o E. J. SALCINES, ATTORNEY AT LAW</b>
4a Mailing address (street address) (room, apt., or suite no.) <b>201 N. Franklin St., Suite 2350</b>	5a Business address (If different from address on lines 4a and 4b) <b>Same</b>
4b City, state, and ZIP code <b>Tampa, Florida 33602</b>	5b City, state, and ZIP code <b>Same</b>
6 County and state where principal business is located <b>Hillsborough County, Florida</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>President E. J. Salcines</b>	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator—SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <b>Historical Society</b>	<input type="checkbox"/> National Guard	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Federal Government/military	<input type="checkbox"/> Church or church-controlled organization

9b If a corporation, name the state or foreign country (If applicable) where incorporated	State <b>Florida</b>	Foreign country
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Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
		<input checked="" type="checkbox"/> Other (specify) ▶ <b>Required by Secy.c State, Corp. Div.</b>

Date business started or acquired (Mo., day, year) (See instructions.) <b>2/22/95</b>	11 Closing month of accounting year (See instructions.) <b>Dec. 31 (Calendar year)</b>
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First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	<b>N/A</b>
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Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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Principal activity (See instructions.) ▶ <b>Historical Marker and Celebrating Historical Events</b>
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Is the principal business activity manufacturing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If "Yes," principal product and raw material used ▶	
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To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶
	<input checked="" type="checkbox"/> N/A

Has the applicant ever applied for an identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above.	
Legal name ▶	Trade name ▶

c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (Mo., day, year)	City and state where filed
	Previous EIN

For penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Business telephone number (include area code) <b>(813) 223-2378</b>	
Fax telephone number (include area code) <b>(813) 223-2478</b>	

Name and title (Please type or print clearly.) ▶ <b>E. J. Salcines, Corporate President</b>	
Signature ▶ <i>E. J. Salcines as President of Society</i>	
Date ▶ <b>October 21, 1997</b>	

Note: Do not write below this line. For official use only.				
Class	Size	Reason for applying		