

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 15 1998 8:00am
Secretary of State

DOCUMENT # N95000000868 (8)

1. Corporation Name

WEST TAMPA CENTENNIAL SOCIETY, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

59-3473863

Applied For

Not Applicable

2. Principal Place of Business

21 2913 W. BRADDOCK ST.

Suite, Apt. #, etc.

23 TAMPA, FLORIDA

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 2913 W. BRADDOCK ST.

Suite, Apt. #, etc.

28 TAMPA, FLORIDA

Zip

29 33607

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

SALCINES, E. J.
~~STE. 2350 - ONE TAMPA CITY CENTER~~
~~201 N. FRANKLIN STREET~~
~~TAMPA FL 33602~~

*Change of
address*

10. Name and Address of New Registered Agent

81 Name

SALCINES, E. J.

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

2913 W. BRADDOCK ST.

83

84 City

TAMPA

FL

85 Zip Code

33607

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 *E.J. Salcines*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SALCINES, E. J.

STREET ADDRESS ~~STE. 2350, 201 N. FRANKLIN~~

CITY-ST-ZIP TAMPA FL 33602

*address
change*

TITLE V ☐ DELETE

NAME MARTINEZ, ELVIN L

STREET ADDRESS ~~2500 TAMPA BAY BLVD., STE. A~~

CITY-ST-ZIP TAMPA FL 33607

*address
change*

TITLE 1VPD ☐ DELETE

NAME RODRIGUEZ, CAROL C

STREET ADDRESS 3005 W COLUMBUS DR

CITY-ST-ZIP TAMPA FL 33607

TITLE SD ☐ DELETE

NAME RODRIGUEZ, DAGOBERTO JR

STREET ADDRESS 3005 W COLUMBUS DR

CITY-ST-ZIP TAMPA FL 33607

TITLE TD ☐ DELETE

NAME GARCIA, MARY VALDES

STREET ADDRESS 4800 DARBY AVENUE

CITY-ST-ZIP TAMPA FL 33603

TITLE 2VPD ☐ DELETE

NAME SANCHEZ, ARSENIO

STREET ADDRESS 4515 N. LINCOLN AVENUE

CITY-ST-ZIP TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD SALCINES, E. J. ☒ Change ☐ Addition

1.2 NAME

2913 W. BRADDOCK ST.

1.3 STREET ADDRESS

TAMPA, FLORIDA 33607

1.4 CITY-ST-ZIP

2.1 TITLE

V MARTINEZ, ELVIN L ☒ Change ☐ Addition

2.2 NAME

ROOM 232, COURTHOUSE TOWER

2.3 STREET ADDRESS

801 E. TWIGG ST., TAMPA, FL 33602

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

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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)(l), 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

6/18/98 (813) 8762816
223-2378
Daytime Phone #

CR2E037 (5/98)