

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 # N95000002920 (5)

1. Corporation Name

TAMPA BAY POETRY FOUNDATION INC.

Principal Place of Business

7262 MOFFATT LN N
PINELLAS PARK FL 34665

Mailing Address

7262 MOFFATT LN N
PINELLAS PARK FL 34665



3. Date Incorporated or Qualified
06/20/1995

3a. Date of Last Report
6-20-95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3321034

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 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

WILLIAMS, ROY E
7262 MOFFATT LN N
PINELLAS PARK FL 34665

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WILLIAMS, ROY E
STREET ADDRESS 7262 MOFFATT LN N
CITY-ST-ZIP PINELLAS PARK FL 34665 ☐ DELETE

1.1 TITLE S-D
1.2 NAME ELIZABETH Fichtl
1.3 STREET ADDRESS 6141 42 AVE NO
1.4 CITY-ST-ZIP St Petersburg FL 33709 ☒ Change ☐ Addition

TITLE V-D-C
NAME PALMENTERI, ESTHER
STREET ADDRESS 1365 MISSION CIR
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

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

TITLE D-D-P
NAME WILLIAMS, MARY P
STREET ADDRESS 7262 MOFFATT LANE N
CITY-ST-ZIP PINELLAS PARK FL 34665 ☐ DELETE

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

TITLE T-D
NAME CARLOCK, JOANNA H
STREET ADDRESS 5611 SIR GARETH
CITY-ST-ZIP SAN ANTONIO TX 78218 ☐ DELETE

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

TITLE D
NAME MILLER, MARY J
STREET ADDRESS 8090 WOODLAKE DR
CITY-ST-ZIP RIVERDALE DR GA 30274 ☐ DELETE

5.1 TITLE MD
5.2 NAME ROY E WILLIAMS
5.3 STREET ADDRESS 7262 MOFFATT LANE N
5.4 CITY-ST-ZIP PINELLAS PARK FL 34665 ☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, JAMES R
STREET ADDRESS 503 STONYBROOKE LN
CITY-ST-ZIP FULTONDALE AL 35068 ☐ DELETE

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

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: Roy E Williams Roy E Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 546-0487
Date Daytime Phone #

CR2E037 (12/95)