

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

**7262 MOFFATT LN N
PINELLAS PARK FL 34665**

**7262 MOFFATT LN N
PINELLAS PARK FL 34665**



| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 06/20/1995 |
| 4. FEI Number | 59-3321034 |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | SD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUCK, MARJORIE | 1.2 NAME | |
| STREET ADDRESS | 8345 26 AVE N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | VDC | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMENTER, ESTHER | 2.2 NAME | |
| STREET ADDRESS | 1365 MISSION CIR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | |
| TITLE | DP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, MARY P | 3.2 NAME | |
| STREET ADDRESS | 7262 MOFFATT LANE N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLOCK, JOANNA H | 4.2 NAME | |
| STREET ADDRESS | 1828 LAUREL RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | B'HAM AL | 4.4 CITY-ST-ZIP | |
| TITLE | MD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, ROY E | 5.2 NAME | |
| STREET ADDRESS | 7262 MOFFATT LANE NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, JAMES R | 6.2 NAME | |
| STREET ADDRESS | 503 STONYBROOKE LN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FULTONDALE AL 35088 | 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)(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:

Roy E Williams

M. N. Williams
1998/8/13/CH-1087

CR2E037 (10/97)