

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90025 049 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/20/1995

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**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Williams Mary P.

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

7262 MOFFATT LN. North

83

84 City

Pinellas Park

FL

85 Zip Code
33781

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

Mary P. Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD**
SCHUCK, MARJORIE
STREET ADDRESS **8345 26 AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **VDC**
IVEY, WALTER
STREET ADDRESS **17920 GULF BLVD #302**
CITY-ST-ZIP **REDDINGTON FL 33708**

TITLE ☐ DELETE

NAME **DP**
WILLIAMS, MARY P
STREET ADDRESS **7262 MOFFATT LANE N**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME **TD**
CARLOCK, JOANNA H
STREET ADDRESS **1828 LAUREL RD**
CITY-ST-ZIP **B'HAM AL**

TITLE ☒ DELETE

NAME **MD**
WILLIAMS, ROY E
STREET ADDRESS **7262 MOFFATT LANE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

Mary P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-99

CR2E037 (11/98)