

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 # **N95000004468 (3)**

1. Corporation Name
CARROLLWOOD BPW FOUNDATION, INC.



Principal Place of Business
**C/O ELAINE KAUFMAN
18069 SAILFISH DR.
LUTZ FL 33549**

Mailing Address
**C/O ELAINE KAUFMAN
18069 SAILFISH DR.
LUTZ FL 33549**

3. Date Incorporated or Qualified **09/15/1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3339545** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINZEL, BONNIE J
SCHIFINO & FLEISCHER, P.A.
201 N. FRANKLIN ST., STE. 2700
TAMPA FL 33802**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, LOIS	
STREET ADDRESS	19712 WYNDMILL CIR.	
CITY-ST-ZIP	ODESSA FL 33559	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, ANN	
STREET ADDRESS	7314 SUNSHINE CIR.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, JANE	
STREET ADDRESS	209 E. NORTH ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, ELAINE	
STREET ADDRESS	18069 SAILFISH DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAUFMAN, ELAINE	
1.3 STREET ADDRESS	18069 SAILFISH DRIVE	
1.4 CITY-ST-ZIP	LUTZ FL 33549	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UNRUH, CATHY	
2.3 STREET ADDRESS	15405 WOODCASTLE PLACE	
2.4 CITY-ST-ZIP	TAMPA FL 33613	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCALIA, PATRICIA	
3.3 STREET ADDRESS	5913 TAYWOOD DRIVE	
3.4 CITY-ST-ZIP	TAMPA FL 33624	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOGAN, DORIS	
4.3 STREET ADDRESS	5311 SOUTHWICK DRIVE	
4.4 CITY-ST-ZIP	TAMPA FL 33624	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***70.00

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: *Elaine Kaufman* Aug 6, 1996 83-961-8791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
05 8/19/96

CR2E037 (12/95)