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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33549-7771

3. Date Incorporated or Qualified  
09/15/1995

3a. Date of Last Report  
08/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
59-3339545

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

PINZEL, BONNIE J  
SCHIFINO & FLEISCHER, P.A.  
201 N. FRANKLIN ST., STE. 2700  
TAMPA FL 33602

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

TITLE PD  
NAME KAUFMAN, ELAINE  
STREET ADDRESS 18069 SAILFISH DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE VD  
NAME UNRUH, CATHY  
STREET ADDRESS 15405 WOODCASTLE PLACE  
CITY-ST-ZIP TAMPA FL 33613

TITLE SD  
NAME SCALIA, PATRICIA  
STREET ADDRESS 5913 TAYWOOD DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE TD  
NAME HOGAN, DORIS  
STREET ADDRESS 5311 SOUTHWICK DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VD  
2.2 NAME SUTCLIFFE, KATHRYN  
2.3 STREET ADDRESS 11141 BRAMBLEBRUSH STREET  
2.4 CITY-ST-ZIP TAMPA FL 33624

3.1 TITLE SD  
3.2 NAME STEEP, JOAN  
3.3 STREET ADDRESS 15908 ELLSWORTH DRIVE  
3.4 CITY-ST-ZIP TAMPA FL 33647

4.1 TITLE TD  
4.2 NAME LINDSAY, SAMANTHA  
4.3 STREET ADDRESS 4512 GRAINERY AVENUE  
4.4 CITY-ST-ZIP TAMPA FL 33624

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. I do 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.

CR2E037 (9/96)