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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004468 (3)

CARROLLWOOD BPW FOUNDATION, INC.

FILED Apr 09 1998 8:00am Secretary of State

| C/O ELARE KAUFJANN 1008 BALFISH OR LUTZ FL 30549 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Solita, Apt. 8, etc. 2. Solita, Apt. 8 | Principal Plac | e of Business | Mailing Address | | 4 INDUSTRI DEN INCHE MAINE MAINE MAINE MAINE MAINE | II OBALA OBAH <u>darin birah dalah idin 160</u> 1 |
|--|-----------------|--|-----------------------------------|--------------------|--|---|
| LUTZ FL 39549 LUTZ FL 39549 Applied For Sys 3339545 Applied For Sys 3339545 State Applied For Sys 3339545 State State Sys 3339545 State Sys 475 Addition Fee Regulared Fee Reg | | | 3. Date Incorporated or Qualified | | | |
| ## FEI Number Applicable Set S | | | | | 09/15/1995 | |
| Principal Place of Business 2a. Maling Address 5 5 Certificate of Status Desired \$5.00 May Be 5.00 M | CO12 FL 33348 | | CU12 PL 33349 | | | Applied For |
| Sulle, Apt. 6, etc. The following Freening Added to Feele Address of Current Programmer Sulley Bulleting Added to Feele Address of Current Programmer Sulley Bulleting Added to Feele Address of Current Programmer Agent Sulleting Bulleting Address of Current Programmer Agent Sulleting Bulleting Address of Current Programmer Agent Sulleting Bulleting Bulleti | | | | | 59-3339545 | Not Applicable |
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. | | lace of Business | | - · · | 5. Certificate of Status Desired | |
| Trus Fund Contribution | | #, etc. | | | 6. Flection Campaign Financing | |
| 28 21 | 22 | | 27 | | | |
| Zip Country Zip South Country Zip South | | 9 | City & State | | 7. Is this nonprofit corporation a hom | eowners association? |
| PATEL, BONNE J SCHORES AND DIRECTORS TITLE PO SUTCLIFFE, NATHRYN TITLE SD SUTCLIFFE, NATHRYN TITLE THE TITLE | | | 28 | | | Yes 🔀 No |
| PNZEL, BONNIE J SCHIFINO 8. FLEISCHER, P.A. 201 N. FRANKLIN ST., STE. 2700 TAMPA FL 33602 11. Present to the provisions of Sections 617 0002 and 617 1006 Floridal Statution, the above-hamed corporation automits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0003. Floridal Statution, the above-hamed corporation automits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0003. Floridal Statution. 11. Present to the provisions of Sections 617 0002 and 617 1006. Floridal Statution, the above-hamed corporation automits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Floridal Statution. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 10. BURGET ADDRESS 11. TITLE 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | · | Country | <u>├</u> ` | | 8. This corporation owes or has paid | |
| PINZEL, BONNIE J SCHIFINO & PLEISCHER, P.A. 201 N. FRANKLIN ST., STE. 2700 TAMPA FI. 33802 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporations busines this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida Statutes, the above-named corporations busines this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporations busines this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporations become submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporations become submits this statement for the purpose of changing its registered office or registered of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617.0505, Florida Statutes, the above-named corporations become of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered of directors. I hereby accept the purpose of changing its registered directors. I hereby accept the appointment as registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the appointment as re | 24 | 1-51 | | 30 | | |
| PINZEL, BONNIE J SCHIFINO & FLESCHER, P.A. 201 N. FRANKLIN ST., STE. 2700 TAMPA FL 33902 42 City TAMPA FL 3002 43 City TAMPA FL 3002 44 City TAMPA FL 3002 45 City TAMPA FL 3002 46 City TAMPA FL 3002 46 City TAMPA FL 3002 46 City TAMPA FL 3002 47 City TAMPA FL 3002 48 City TAMPA FL 3002 49 City TAMPA FL 3002 49 City TAMPA FL 3002 40 City TAMPA FL 30 City States 30 City States 31 Title 32 PAME 32 STRET ADDRESS 33 TITLE 34 City States 34 City States 34 City States 34 City States 35 City States 36 City States 36 City States 37 City States 38 City States 38 City States 39 City States 39 City States 30 City Stat | | 9. Name and Address of Curren | t Registered Agent | | · · · · · · · · · · · · · · · · · · · | stered Agent |
| SCHEIRD & FLEISCHER, P.A. 201 N. FRANKLIN ST., STE. 2700 TAMPA FL 33602 41. Pursuant to the purpose of changing lis registered office or registered agent and size of Florida Such change was authorized by the corporation submits this statement for the purpose of changing lis registered office or registered agent and size of Florida Such change was authorized by the corporation submits this statement for the purpose of changing lis registered office or registered agent and size in Expansive model directors. I hereby accept the appointment as registered office or registered agent and size in Expansive model and intendity. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. | | | | 61 Name | PINZEL BONNIE | T |
| 20 IN FRANKLIN ST., STE. 2700 TAMPA FL 33602 83 SUITE 1800 84 CITY TAMPA FL 85 Zip Gode office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation submits this statement for the purpose of changing lis registered office or registered agent agent and the flags authorized by the corporation's board of directors. I hereby accept the appointment as registered spleader agent agent and the flags authorized by the corporation's board of directors. I hereby accept the appointment as registered spleader agent agent agent and the flags accept the collegation of directors. I hereby accept the appointment as registered affects and of directors. I hereby accept the appointment as registered affects. I have been accepted agent agent and the flags accepted agent a | | | | 62 Street | | <u>, </u> |
| TAMPA FL 33802 SIGNATURE Bigulus: hybrid or prised name of 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 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, 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, 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, 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, or both the appointment as registered agent, and appointment as register | SCHIFIN | O & FLEISCHER, P.A. | | | | |
| TAMPA FL 38802 Sections 617,0502 and 617,1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its 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 | 201 N. F | Franklin St., STE. 2700 | | [83] | SULTE 1800 | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridis Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the state agent and the state appointment as registered agent and the state appointment appointment as registered agent and the state appointment appointment and appointment and appointment appoin | TAMPA (| FL 33602 | | 84 City | JULIE 1800 | 85 Zin Code |
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| SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME PD KAUFMAN, ELAINE 13. THE PD KAUFMAN, ELAINE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PD KAUFMAN, ELAINE 13. THE PD KAUFMA | 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statute | s, the above-named | corporation submits this statement for the put | pose of changing its registered |
| Signature, typed or primed name of registered agent and tall in appetations (NOTE Registered Agent augusture required when reintaling) DATE | agent. I a | m familiar with, and accept the obliga | ations of, Section 617.0503, Flor | ida Statutes. | poration's board of directors, I hereby accept | the appointment as registered |
| TITLE PD | SIGNATURE | | | | | |
| TITLE MANE STREET ADDRESS TAMPA FL TITLE MANE STREET ADDRESS STREET ADD | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE VD SUTCLIFFE, KATHRYN STREET ADDRESS CITY-ST-ZIP TTLE SD STREET ADDRESS CITY-ST-ZIP TTLE SD STEEP, JOAN STREET ADDRESS CITY-ST-ZIP TTLE TTLE TD STREET ADDRESS CITY-ST-ZIP TTLE TTLE TD STREET ADDRESS CITY-ST-ZIP TTLE TTLE TD STREET ADDRESS CITY-ST-ZIP TTLE TD STREET ADDRESS CITY-ST-ZIP TTLE TD STREET ADDRESS TREET ADDRESS TAMPA FL STREET ADDRESS SA STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SA STREET ADDRESS | TITLE | | | 1.1 TITLE | -67- | |
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| TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME <th>STREET ADDRESS</th> <th></th> <th></th> <th>4.3 STREET ADDRESS</th> <th>5503 PENTAIL CIN</th> <th>ecit </th> | STREET ADDRESS | | | 4.3 STREET ADDRESS | 5503 PENTAIL CIN | ecit |
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| | CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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 eath; 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 op an attachment with an address.

SIGNATURE: