

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # N96000001886 (8)

1. Corporation Name

BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA
BAY CHAPTER, INCORPORATED



Principal Place of Business

Mailing Address

P.O. BOX 16117
TAMPA FL 33687

P.O. BOX 16117
TAMPA FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3234751

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKAS, JOHN W JR
100 NORTH TAMPA STREET
SUITE 2800
TAMPA FL 33602-5126

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 D ☒ DELETE

NAME YORK, ANNE
STREET ADDRESS 14608 TURTLE CREEK CIRCLE APT. 1405
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ DELETE

NAME MOORE, ANGELO D
STREET ADDRESS 717 GREEN STREET APT 2A
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ DELETE

NAME HAMMAM, DELORIS
STREET ADDRESS 11715 SYCAMORE PL
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME Wendy Wunsley
1.3 STREET ADDRESS 5419 Fulmar Drive
1.4 CITY-ST-ZIP Tampa, FL 33625

2.1 TITLE D/T/S ☒ Change ☐ Addition

2.2 NAME Angelo D. Moore
2.3 STREET ADDRESS 8730 N. Himes Ave, Apt. 413
2.4 CITY-ST-ZIP Tampa, FL 33614

3.1 TITLE D/V ☐ Change ☒ Addition

3.2 NAME Charles Greene
3.3 STREET ADDRESS 13901 B Bardmoor Place
3.4 CITY-ST-ZIP Tampa, FL 33624

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 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.

SIGNATURE

SIGNATURE: ANGELO D MOORE 9/14/97 (813) 932-3679

CR2E037 (4/97)