

SECOND NOTICE: CORPORATION IS DISSOLVED ON OR AFTER THE FIRST DATE.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # ~~N~~96000001886 (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

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

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/01/1996

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 DP ☒ DELETE

NAME WONSLEY, WENDY
STREET ADDRESS 5419 FULMAR DRIVE
CITY-ST-ZIP TAMPA FL

TITLE DTS ☒ DELETE

NAME MOORE, ANGELO D
STREET ADDRESS 8730 N HIMES AVE., APT 413
CITY-ST-ZIP TAMPA FL

TITLE DV ☒ DELETE

NAME GREENE, CHARLES
STREET ADDRESS 13901B BARDMOOR PLACE
CITY-ST-ZIP TAMPA FL

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 DP ☒ Change ☐ Addition

1.2 NAME WENDY WONSLEY
1.3 STREET ADDRESS 5419 FULMAR DRIVE
1.4 CITY-ST-ZIP TAMPA, FL

2.1 TITLE DTS ☐ Change ☒ Addition

2.2 NAME ANGELO D. MOORE
2.3 STREET ADDRESS 8730 N PLANTATION OAKS DR. #21
2.4 CITY-ST-ZIP TAMPA, FL

3.1 TITLE DV ☒ Change ☐ Addition

3.2 NAME CHARLES GREENE
3.3 STREET ADDRESS 13901B BARDMOOR PLACE
3.4 CITY-ST-ZIP TAMPA, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

600002675176-- 2
-10/28/98-01087-031

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/98

(813) 882-5292

000861

CR2E037 (5/98)

FILED

98 OCT 20 AM 10:43

SECRETARY OF STATE

