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SECURED INCHES OF A ALC ... LELESCOLVED C. G. AFTER C. TE. ER C., AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Morebam

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

N9.6000001886 (8)

BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA BAY CHAPTER, INCORPORATED

	•										
P.O. BOX 16117				P.O. BOX 16117				3. Date Incorporated or Qualified			
TAMPA FL 33687				TAMPA FL 33687				04/01/1996			
								4. FEI Number	Applied F	ar	
								59-3234751	Not Applic	cable	
2.	Principal Place of Bu	siness	2a.	Mailing Address				5. Certificate of Status Desired	\$8.75 Addition	nal	
21		-	26					5. Certificate of Grands Desired	Fee Required		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	6. Election Campaign Financing	\$5.00 May Be	1	
22			27					Trust Fund Contribution	Added to Fees		
	City & State			City & State				7. Is this nonprofit corporation a homeowners	association?		
23			28		·			Yes _L	No		
	Zip	Country		Zip		Country		8. This corporation owes or has paid the curre			
24		25	29		30			Personal Property Tax due June 30.	Yes 🛮 No		
Name and Address of Current Registered Agent								10. Name and Address of New Registered A	gent		
						81	Name				
	BAKAS, JOHN W J	R				82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	100 NORTH TAMPA					-		,			
•	SUITE 2800					83					
	TAMPA FL 33602-5	126				84	- Cit.		85 Zip Code		
							City	FL			
11	. Pursuant to the provi	sions of sections 617.0502	and 617	.1508, Florida Stat	tutes, the	above-na	med corpora	ation submits this statement for the purpose of chan	ging its registered		
	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.										
SI	IGNATURE	ed or printed name of registered age	nt and title i	f applicable.	(NOTE: F	Registered Ag	ent signature req	uired when reinstaling) DATE	, , , , , , , , , , , , , , , , , , , 	-	
12	2.	OFFICERS AN	VD DIRE	CTORS		13.	-	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	12	
TIT				DELET	Æ	1.1 TITLE	<u>a</u>	P	Change A	ddition	
NA	ME WONSI	ey, wendy				1.2 NAME	W	ENDY MONSPET NO			
STI		ILMAR DRIVE			•	1.3 STREET	ADDRESS 5	AID DOMINO DO			
	ry-st-zip TAMPA	=: :				1.4 CiTY-ST	zip 1	anra, PL			
	TLE DTS	· -		DELET	F T	2.1 TITLE	<u>a</u>	19	Change A	ddition	
	0.0	. ANGELO D			_	2.2 NAME	1	MINE MO GOBY	2 11 11		
	1	HIMES AVE., APT 413				2.3 STREET	107				
		-					ADDRESS! [7	SALD BYMYNNWINCOURS IS	100 #-4		
TIT		r <u>L</u>		_		24 CITY-ST	ADDRESS 1	MUE NO GOOK 5410 PLAMATION OAKS D	10° #-4	į	
1	1 L) V			[5 OF 1 5		2.4 CITY-ST	ZIP 1	auta, PL	_/	ddition	
l	ODEENIE	CHADIEC		DELET	ſΕ	3.1 TITLE	ZIP 1	NOWALLES	_/	ddition	
		E, CHARLES		(DELET	ΓE	3.1 TITLE 3.2 NAME	ZIP 1	NOWALLES	_/	ddition	
	REET ADDRESS 13901B	BARDMOOR PLACE		DELET	ΓÉ	3.1 TITLE 3.2 NAME 3.3 STREET	ZIP 1	anka, pl reene, charles 9018 bardmoor place	_/	ddition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 11907(3/ti), Floring Statutes. I further certify that the information indicated on this annual report or supplemental annual report its 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 challed, or on an attachment with enaddress.

SIGNATUR