FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

· 1997

DOCUMENT # N96000002074 (0)

CALL TO ACTION - TAMPA BAY, INC.

| | | • | | | | | |
|--|--|--|---|--------------------------|---|--|-----|
| Principal Place of Business | | Mailing Address | Mailing Address | | | TAN MENLA NINGKA MANAN NASAH MANA NADA | |
| 1632 BALMORAL DRIVE CLEARWATER FL 34616 | | 1632 BALMORAL DRIVE CLEARWATER FL 34616- | 1832 BALMORAL DRIVE CLEARWATER FL 34516-3640 | | | | |
| | | | | | 3. Date Incorporated or Qualified 3a. 04/16/1996 | Date of Last Report | |
| 2. Principal / 21 | 2a. Mailing Address 26 | ng Address | | 4. FEI Number 57-3363615 | Applied For | \exists | |
| Suite, Apt. #, etc. Suite, Apt. | | | . #. etc. | | | Not Applicable \$8.75 Additional | 4 |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required | 1 |
| City & Sta | te | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | 1 |
| 23 | | 28 | | | 1rust Fund Contribution | Added to Fees | ╛ |
| Zip | Country Zip | | Coun | try | 8. This corporation has liability for intangit | | |
| 24 | 25 29 30 | | [30] | | Florida Statutes Yes 10. Name and Address of New Registers | ☐ No | ┧ |
| The same and readings of controlled regular | | | | | To, Italia alla Massoss di Itali Piaglacole | 70 Agoin | ٦ |
| CLARK, WAYNE D | | | | 12 Street | Address (P.O. Box Number is Not Acceptable) | | ┧ |
| 1632 BALMORAL DRIVE | | | ľ | 3 Sileet | Address (F.O. Box Number is Not Acceptable) | | 1 |
| CLEAR | WATER FL 34616 | | Ε | 3 | | | 7 |
| . 5 | | | € | 4 City | | 85 Zip Code | - |
| 11: Pursuant | to the provisions of Sections 6 | 17.0502 and 617.1508, Florida Statu | ites, the abo | ve-named | corporation submits this statement for the purpose | of changing its registered | 1 |
| 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 lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | | | | |
| SIGNATURE | 1) sure | V. C Son | | | 5-7 | U-97 | |
| 12. | Signature, typed or printed name of regist | ered agent and title if applicable (NO RS AND DIRECTORS | TE Registered / | Agent signature | e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | | 4 |
| TITLE | PRESIDENT | DELETE | 1.1 1171 | | | Change Addition | ┥ |
| NAME | WAYNG D. CLATK | | 1.2 NAM | | MADY A METON | 77 | |
| STREET ADDRESS | 1632 BALMOTAL Dr | | 1.3 STRI | ET ADDRESS | MARY A. KEITH | | I |
| CITY-ST-ZIP | Clearwater | FL, 34616 | 1.4 CITY | -ST-ZIP | 2106 E. ANNIE ST TAMPA, FL 33612 | | _]; |
| TITLE | | DELETE | 2.1 TITL | | "D" | Change Addition |] |
| | | | 2.2 NAV | | FLORENCE DEANER 1309 CAMBRIDGE SQ S.E | | T |
| STREET ADDRESS | | | | ET ADDRESS | WINTER HAVEN, FL 3388 | | |
| CITY-ST-ZIP TITLE | VICE PRESI | DEN- DELETE | 3.1 TITL | (-\$1-ZIP | "D" | Change Addition | 1 |
| NAME | VICE INSUIDER | | 3.2 NAM | E | WAYNE D. CLARK | / | |
| STREET ADDRESS | | | 3 3 STAI | ET ADDRESS | 1632 BALMORAL DR | | 1 |
| CITY-ST-ZIP | TAMPA, FC 336/2, 34 | | 3.4. CIT | -ST-ZIP | CLEARWATER, FL 33756 | | _[|
| TITLE | TREASUREY | DELETE | 4.1 TITL | | | Change Addition | |
| NAME | BOBERT MU | orphy. | 4. 2 NAM | AE . | | | 1 |
| STREET ADDRESS | | A. DINVE | | ET ADDRESS | · | | |
| CITY-ST-ZIP | TAMPA, FL | DELETE | | -ST-ZIP | | Change Addition | ┨ |
| TITLE | 1 | L DELETE | 5.1 TITL 5.2 NAM | | | CT Outside CT Legation | |
| NAME STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-SJ-ZIP | 1 | | | -ST-ZIP | | | |
| TITLE | | | 6.1 TITL | | | ☐ Change ☐ Addition | ٦ |
| NAME | | | 6.2 NAN | E | | | |
| STREET ADDRESS | | | 6.3 STR | ET ADDRESS | | | |
| ı | 1 | | | | T · · · · · · · · · · · · · · · · · · · | | - 1 |

6.4 CITY-ST-ZIP

14. I do hereby certify that the Information supplied with this filling 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 one attachment with an eddress.

FILED

Jun 24 1997 8:00am

Secretary of State