## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000002074 1. Corporation Name

CALL TO ACTION - TAMPA BAY, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 19, 1999 8:00 am § Secretary of State

02-19-1999 90104 049 \*\*\*\*61.25

	KADIR TARIH TARIH	<b>   </b>

2106 E. ANNIE TAMPA FL 336		2106 E. ANNIE ST. TAMPA FL 33612						
Suite, Apt. 22 City & Stat		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			Date Incorporated or Qualifed 04/16/1996     FEI Number		\$8.75	oplied For ot Applicable Additional equired
Zip	Country 25	Zip	Country	/	Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
	9. Name and Address of Current	Registered Agent	04		10. Name and Address of New Re	gistered A	gent	
			81	Name				
	, Daniel a Id Hollow CT.	82 Street Addr		ress (P.O. Box Number is Not Acceptable)				
	ATER FL 33761	83						}
			84	City	<del></del>	FL	85 Zip	Code
l office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with and eccept the obligation of the section	of Florida. Such change was autions of, Section 617.0503, Florid	nonzed by la Statutes	the comoratio	n's board of directors. I hereby accept	the appoint	unent as re	gistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	Addition :
NAME	KEITH, MARY A		4.0.114.545					1.4
	INCUTT, MAJULEA		1.2 NAME					
STREET ADORESS	0100 F 1100 F		l	TADDRESS				
CITY-ST-ZIP	2106 E. ANNIE ST. TAMPA FL 33612	<b>M</b> Ann. 2000	1.3 STREE 1.4 CITY-S	ł	<u> </u>		Change	Addition
CITY-ST-ZIP	2106 E. ANNIE ST. TAMPA FL 33612 D	☐ DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE	ł	<u> </u>	· · · · · · · · · · · · ·	Change	☐ Addition
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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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: