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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004395 (7)

1. Corporation Name

SINGLES OF TAMPA BAY INC.



Principal Place of Business	Mailing Address
1636 E GARY RD 5 LAKELAND FL 33801 US	1636 E GARY RD 5 LAKELAND FL 33801 US

7901 W. Hiawatha Ave.	7901 W. Hiawatha Ave.
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21. Principal Place of Business	26. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 Tampa, FL	27 Tampa, FL
23 33615 Hillsborough	28 33615 Hillsborough
24 Zip	29 Country
25	30

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3405583

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLTON S ROWE
1636 E GARY RD 5
LAKELAND FL 33801

81 Name

Earlene More'

82 Street Address (P.O. Box Number is Not Acceptable)

7901 W. Hiawatha Ave.

83

Tampa, Florida

84 City

Tampa

FL

85 Zip Code

33615

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

Shirley A. Spencer Secretary *Earlene More'*

3-13-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	P
NAME	CARLTON S ROWE	1.2 NAME	Earlene More'
STREET ADDRESS	1636 E GARY RD 5	1.3 STREET ADDRESS	7901 W. Hiawatha Ave.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	V	2.1 TITLE	V
NAME	HEIDEL, LEWIS	2.2 NAME	Doris Helms
STREET ADDRESS	4302 GUNN HWY #909	2.3 STREET ADDRESS	7901 W. Hiawatha Ave.
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	S	3.1 TITLE	S
NAME	SHIRLEY SPENCER	3.2 NAME	Shirley A. Spencer
STREET ADDRESS	702 E BROAD ST	3.3 STREET ADDRESS	702 E. Broad St.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	T	4.1 TITLE	T
NAME	COCHRANE, MARTHA	4.2 NAME	Cliff Boone
STREET ADDRESS	4302 GUNN HWY #909	4.3 STREET ADDRESS	102 Heritage Lane # W103
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	D	5.1 TITLE	D
NAME	HELMS, DORIS	5.2 NAME	Lois Slocomb
STREET ADDRESS	7901 HIAWATHA AVE	5.3 STREET ADDRESS	2020 E. 131st Ave. #30
CITY-ST-ZIP	TAMPA FL 33615	5.4 CITY-ST-ZIP	Tampa, FL 33612
TITLE	D	6.1 TITLE	D
NAME	ROSSBOROUGH, NEAL	6.2 NAME	Dottie Stembridge
STREET ADDRESS	1014 AUBURN LANE	6.3 STREET ADDRESS	4510 Drisler Ave
CITY-ST-ZIP	SEFFNER FL 33584	6.4 CITY-ST-ZIP	Tampa, FL 33634

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

Shirley A. Spencer

3-13-98

CFR2037 (10/97)