


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90097 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004395**

1. Corporation Name  
**SINGLES OF TAMPA BAY INC.**

Principal Place of Business 7901 W. HIAWATHA AVE TAMPA FL 33615 US	Mailing Address 7901 W. HIAWATHA AVE TAMPA FL 33615 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/22/1996	4. FEI Number 59-3405583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MORE, FARLENE 7901 W. HIAWATHA AVE TAMPA FL 33615	10. Name and Address of New Registered Agent 81 Name <b>DORIS HELMS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7901 W. HIAWATHA AVE</b> 83 84 City <b>TAMPA</b> FL 85 Zip Code <b>33615</b>
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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 Doris Helms **DORIS HELMS**  
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 <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME <b>MORE, EARLENE</b>	1.1 TITLE <b>P. DORIS HELMS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>7901 W. HIAWATHA AVE</b>		1.2 NAME <b>7901 W. HIAWATHA</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>		1.3 STREET ADDRESS <b>TAMPA, FLA 33615</b>	
TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE	NAME <b>HELMS, DORIS</b>	2.1 TITLE <b>VULAKS, DENNIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>7901 W. HIAWATHA AVE</b>		2.2 NAME <b>15501 N. FL AVE</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>		2.3 STREET ADDRESS <b>TAMPA FL 33612</b>	
TITLE <b>S</b> <input type="checkbox"/> DELETE	NAME <b>SPENCER, SHIRLEY A.</b>	2.4 CITY-ST-ZIP	
STREET ADDRESS <b>702 E BROAD ST</b>		3.1 TITLE	
CITY-ST-ZIP <b>TAMPA FL 33604</b>		3.2 NAME	
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE	NAME <b>BOONE, CLIFF</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>102 HERITAGE LANE, #W103</b>		3.4 CITY-ST-ZIP	
CITY-ST-ZIP <b>TAMPA FL 33617</b>		4.1 TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SLOCOMB, LOIS</b>	4.2 NAME <b>FROST, RONALD</b>	
STREET ADDRESS <b>2020 E. 131ST AVE, #30</b>		4.3 STREET ADDRESS <b>18006 W. POND WAY</b>	
CITY-ST-ZIP <b>TAMPA FL 33612</b>		4.4 CITY-ST-ZIP <b>TAMPA FL 33635</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>STEMBRIDGE, DOTTIE</b>	5.1 TITLE	
STREET ADDRESS <b>4510 DRISLER AVE</b>		5.2 NAME	
CITY-ST-ZIP <b>TAMPA FL 33634</b>		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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, with all other like empowered.

SIGNATURE: Doris Helms **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 813-886-4673  
Date Daytime Phone #

CR:E037 (1/98)