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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600005481

CENTURY 21 TAMPA BAY COUNCIL, INC.

Principal Place of Business

Mailing Address

FILED

01 MAR 19 PM 4: 36 12/5/ ANTI UF STATE

1901 TYRONE BLVD NORTH ST PETERSBURG FL 33710 1901 TYRONE BLVD NORTH ST PETERSBURG FL 33710					RENSTATEMENT 99-01			
	lace of Business 9-STARMEY RD #, etc.	2a. Malling Address 26 7779 STARK Suite, Apt. #, etc. 27	ey K	ZD	3. Date Incorporated or Qualifed 10/24/1996 4. FEI Number 59-3410174		Applied For Not Applicable	
	NOLE /FL	City & State 28 SEMINDLE			5. Certificate of Status Desired	Fee	5 Additional Required	
Zip 24 337	T	Zip 29 3322 3	Country	NELLAS	6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New	Add	00 May Be ed to Fees	
81 Name								
RHODES, J NELSON 1981 TYRONE BLVD 3T PETERSBURG FL 33718 SEMINOLE, FL 33717				82 Street Address (P.O. Box Number is Not Acceptable) 83				
44 5			1	,	against a showith this statement for the	FL []	ip Code	
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 arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed of printed name of registered agent and site if applicable. (NOTE: Registered Agent signature regulared when reinstating) DATE DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	PD	DELETE	1.1 TITLE	PD P		Chan	ge Addition	
NAME	SHAW, JEFF	•	1.2 NAME	M	ARILYN TRACY		, ,	
STREET ADDRESS	1725 HWY 60 EAST		1.3 STREE	TADDRESS 3	3825 U.S. 19 NORT	//		
ÇITY-ST-ZIP	VALRICO FL		1.4 CITY-S	T-ZIP	ALM HARBOR, FL	. 34684		
TITLE	VD	DELETÉ	2.1 TITLE	٠	7	Chan	ge Addition	
NAME	MEEK, PATTY		2.2 NAME	نتو ا	ATTY MEEK		}	
STREET ADDRESS	1211 COURT ST		2.3 STREE	TADDRESS /	ATTY MEEK 211 COURT ST.			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-5	ST-ZIP	LEARWATER, F	L 34616		
TITLE	VD	DELETE	3.1 TITLE			Chan	ge 🔲 Addition	
NAME	WHITE JR, JIM	· •	3.2 NAME		ം — ഉന്ന്റ	392357		
STREET ADDRESS	10645 GULF BLVD		3.3 STREE	T ADDRESS	-83/	′28/010104	2nn3 -	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4, CITY-5	ST-ZIP				
TITLE	SD SD	☒ DELETE	4,1 TITLE			*358.75 ** □Chan	ge 🔲 Addition	
NAME	FERRA, JOAN		4.2 NAME				{	
STREET ADDRESS	900 N BELCHER ROAD		4.3 STREE	T ADDRESS			j.	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-S	T-ZIP			1	
TITLE	T	☐ DELETE	5.1 TITLE	7	-	Chan	ge Addition	
NAME	RHODES, NELSON		5.2 NAME	بدأل	LELSON PHODES 179 STARKEY K EMINOLE, FL 33 ELEN RHODES 179 STARKEY R	_		
STREET ADDRESS	1901 TYRONE BLVD NORTH		5.3 STREE	TADDRESS 7	229 STARKEY K	OAD	l I	
		•	5.4 CITY-S	T-ZIP	EMINOLE, EL 33	777		
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33710	☐ DELETE	6.1 TITLE	 +		Chan	ge Addition	
	DUODES HELEN		6.2 NAME	14	ELEN RHODES	-\	_ i	
NAME	RHODES, HELEN			TADDRESS 7	THE STARKEN R	DAI		

ST PETERSBURG FL 33710 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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 1901 TYRONE BLVD NORTH