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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001333

1. Corporation Name

TAMPA BAY DOMINICA ASSOCIATION INC.

Principal Place of Business

10902 N 28TH ST
TAMPA FL 33612

Mailing Address

10902 N 28TH ST
TAMPA FL 33612



2. Principal Place of Business

21 **2504 W. CREST AVE**

Suite, Apt. #, etc.

22 **104**

City & State

23 **TAMPA FL**

Zip

24 **33614**

Country

25 **Hillsborough**

2a. Mailing Address

26 **2504 W. CREST AVE**

Suite, Apt. #, etc.

27 **104**

City & State

28 **TAMPA FL**

Zip

29 **33614**

Country

30 **Hillsborough**

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3435533

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

9. Name and Address of Current Registered Agent

ALEXANDER, ESTHER
10902 N 28TH ST
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name **GLORIA JNO. Baptiste**
82 Street Address (P.O. Box Number is Not Acceptable)
12321 N. 9th STREET
83
84 City **TAMPA** FL 85 Zip Code **33612**

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

GLORIA JNO. BAPTISTE
SECRETARY
3-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **ABEL, HERMAN W**
STREET ADDRESS **7303 MONTEREY BLVD.**
CITY-ST-ZIP **TAMPA FL 33675**

TITLE **SD** ☒ DELETE
NAME **ALEXANDER, ESTHER**
STREET ADDRESS **10902 N. 28TH ST.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **PD** ☐ DELETE
NAME **ADELBERT, JAMES**
STREET ADDRESS **14818 BAYBREAK DR.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VD** ☐ DELETE
NAME **BEAUPIERRE, VYLINE**
STREET ADDRESS **8550 J.R. MANOR DR.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **B**

2.1 TITLE **GLORIA JNO BAPTISTE** ☐ Change ☐ Addition
2.2 NAME **12321 N. 9th STREET**
2.3 STREET ADDRESS **TAMPA, FL. 33612**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **BEAUPIERRE VYLINE** ☒ Change ☐ Addition
4.2 NAME **8550 J.R. Manor DR**
4.3 STREET ADDRESS **Tampa FL 33634**
4.4 CITY-ST-ZIP

5.1 TITLE **EDWARD BELSUSEY** ☒ Change ☒ Addition
5.2 NAME **4006 EAST KERNAS AVE**
5.3 STREET ADDRESS **TAMPA FL. 33617**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99
Date

813 631 4309
Daytime Phone #

CR2E037 (1/98)