

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90036 008 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000002191

1. Corporation Name

TAMPA BAY ORGANIZING COMMITTEE, INC.

Principal Place of Business

4202 E FOWLER AVE  
PED 214  
TAMPA FL 33620

Mailing Address

C/O ENGLANDER & FISCHER, P.A.  
5959 CENTRAL AVE SUITE 201  
ST PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 1954

27 Suite, Apt. #, etc.

28 City & State

28 St. Petersburg, FL

29 Zip Country

29 33731-1954 30 USA

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

59-3451495

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

ENGLANDER & FISCHER, P.A.  
5959 CENTRAL AVE  
SUITE 201  
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
721 First Avenue North

83

84 City  
St. Petersburg, FL

85 Zip Code  
33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRIFFIN, PAUL  
STREET ADDRESS 4202 E FOWLER AVE  
CITY-ST-ZIP TAMPA FL 33620

TITLE VD  
NAME DAVENPORT, MICHAEL W  
STREET ADDRESS 14450 46TH ST N  
CITY-ST-ZIP ST PETER FL

TITLE VD  
NAME LEVY, LEONARD  
STREET ADDRESS 2442 MISSISSIPPI AVE  
CITY-ST-ZIP TAMPA FL 33629

TITLE VTD  
NAME KETTERHAGEN, CAROLE  
STREET ADDRESS 14450 46TH ST N  
CITY-ST-ZIP ST PETE FL

TITLE SD  
NAME HIGGINS, JOHN  
STREET ADDRESS ONE TROPICANA DR  
CITY-ST-ZIP ST PETE FL 33701

TITLE D  
NAME WOOD, JIM  
STREET ADDRESS 111 E MADISON ST, #1010  
CITY-ST-ZIP TAMPA FL 33602

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99  
Date

813-977-2425  
Daytime Phone #

CR2E037 (11/98)