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Jan 28 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 # **N97000002851 (0)**

1. Corporation Name

BAY WORLD PUBLIC TRUST, INC.

Principal Place of Business

Mailing Address

708 S. DAVIS BLVD.
TAMPA FL 33606-3914

708 S. DAVIS BLVD.
TAMPA FL 33606-3914



3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

59-3431253

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

24

25

Country

29

30

Zip

Country

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

COSENTINO, CORNELIUS
708 S. DAVIS BLVD.
TAMPA FL 33606-3914

81 Name

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

83

84 City

FL

85 Zip 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 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 **DP/ST** ☐ DELETE

NAME **COSENTINO, CORNELIUS**
STREET ADDRESS **708 S. DAVIS BLVD.**
CITY-ST-ZIP **TAMPA FL 33606-3914**

TITLE **DV** ☒ DELETE

NAME **KING, FRED**
STREET ADDRESS **305 E. ROSS AVE.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DS** ☒ DELETE

NAME **MILLER, FRANK**
STREET ADDRESS **6301 S. WESTSHORE BLVD., #1512**
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **DT** ☒ DELETE

NAME **COHEN, LORIE**
STREET ADDRESS **2425 BAYSHORE BLVD., #600**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **DV** ☐ DELETE

NAME **WILLIAMS, RUSSELL**
STREET ADDRESS **115 N. HUBERT AVE., #6**
CITY-ST-ZIP **TAMPA FL 33609 - 2144**

TITLE **D** ☒ DELETE

NAME **WAGNER, JOE**
STREET ADDRESS **11601 4TH STREET, #312**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP - S - E** ☒ Change ☐ Addition

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

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:

Cornelius Cosentino

January 19, 1998 813 251-4669

CR2E037 (10/97)