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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005872 (3)

1. Corporation Name

THE GANDY BRIDGE AND FRIENDSHIP TRAIL CORPORATIO  
N

Principal Place of Business

Mailing Address

601 N. LOIS AVE.  
TAMPA FL 33609

601 N. LOIS AVE.  
TAMPA FL 33609

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

MILLER, FRANK M  
601 N. LOIS AVE.  
TAMPA FL 33609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BRYAN, RALPH T  
STREET ADDRESS 912 E. KNOLLWOOD ST.  
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D  
NAME COHEN, LORI S  
STREET ADDRESS 3435 BAYSHORE BLVD.  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE D  
NAME CRUZ, MICHAEL J  
STREET ADDRESS 3821 OBISPO ST.  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE D  
NAME COSENTINO, CORNELIUS  
STREET ADDRESS 700 S. DAVIS BLVD.  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D  
NAME HANSBURY, WILLIAM  
STREET ADDRESS 9715 HARRELL AVE. #22  
CITY-ST-ZIP TREASURE ISLAND FL 33706

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

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

6.1 TITLE D  
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 in an attachment with an address.

SIGNATURE:

Frank Miller FRANK MILLER PRESIDENT 3/2/98 (813)289-4400

CR2E037 (10/97)