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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT 14 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000002791

Corporation Name
R.I.D. TAMPA BAY, INC.

Principal Place of Business	Mailing Address
964 ELDORADO AVENUE CLEARWATER FL 34630	964 ELDORADO AVENUE CLEARWATER FL 34630

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
P.O. Box 48385	26 P.O. Box 48385	05/15/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59-3510653 ☐ Applied For ☐ Not Applicable
City & State: ST. Petersburg Florida	City & State: 28 St. Petersburg, Florida	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33743-8385 Country: 25 U.S.A.	Zip: 29 33743-8385 Country: 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, VICKI	1.2 NAME	
STREET ADDRESS	7777 46TH AVENUE N #23	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	1.4 CITY-ST-ZIP	
TYPE	D ☒ DELETE	2.1 TITLE	President ☐ Change ☒ Addition
NAME	CAREY, TOM	2.2 NAME	BARBARA H. Aho
STREET ADDRESS	964 ELDORADO AVENUE	2.3 STREET ADDRESS	1670 Young Ave
CITY-ST-ZIP	CLEARWATER FL 34630	2.4 CITY-ST-ZIP	Clearwater, Florida 33756
TYPE	D ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	ROE, JESSICA	3.2 NAME	Dennis Pearson
STREET ADDRESS	3620 DARTMOUTH AVENUE N	3.3 STREET ADDRESS	203 N. Glenwood Ave
CITY-ST-ZIP	ST PETERSBURG FL 33713	3.4 CITY-ST-ZIP	Clearwater, Florida 33755
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	TS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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: Barbara H. Aho PRESIDENT BARBARA H. Aho 9-3-99 727 585-1287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #