

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000005146

1. Corporation Name

CENTRAL WEST FLORIDA PRESERVATION, INC.  
1802 E. 9TH AVE.  
TAMPA, FL 33605

Principal Place of Business

1802 E. 9TH AVE  
TAMPA, FL 33605

Mailing Address

1802 E. 9TH AVE  
TAMPA, FL 33605

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 15 AM 9:33

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DIVISION OF  
HISTORICAL RESOURCES  
99 FEB 22 PM 1:54

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/09/98	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		#59-3466865	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SCHIRALDI, FRANK  
1802 E. 9TH AVE  
TAMPA, FL 33605

10. Name and Address of New Registered Agent

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

*Frank Schiraldi*  
Signature, typed or printed name of registered agent and title if applicable

FRANK SCHIRALDI RA/s 2/18/99  
(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SHELBY BENDER, Chairman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/99

Daytime Phone

(813) 754-3577

CR2E037 (1/98)

CNPPJT2 - 01 RUN DATE 03/11/1999 AS OF 03/11/1999  
SAMAS - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
OLO 450000 - DEPARTMENT OF STATE  
SITE 00 - DEPARTMENT OF STATE  
SMDN 0900554709 ADOCNO V084465

*PR 3/12/99*

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	BENEFITTING DATA	CF	TC	OBJECT
45 10 1 000134 45200000 00 040000 00	25	4990		61.25	45 20 2 130001 45300000 00 000100 00	INVOICE # 000002923	61.25	45	

TRANSACTION CODE TOTAL - 25

61.25 45

61.25

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