


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90042 023 ****61.25

DOCUMENT # 706124					
1. Entity Name TAMPA NEW AUTO DEALERS ASSOCIATION, INC.					
Principal Place of Business 3203 BAYSHORE BLVD THE STOVALL #1002 TAMPA, FL 33629-1707 US			Mailing Address 3203 BAYSHORE BLVD THE STOVALL #1002 TAMPA, FL 33629-1707 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1059589	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JAMES D. 7300 W. CAMINO REAL SUITE 224 BOCA RATON, FL 33433			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, KELLY		NAME		
STREET ADDRESS	11333 N. FLORIDA AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHER, WILLIAM		NAME	McElhery, Robert	
STREET ADDRESS	2900 JIM REDMAN PKWY		STREET ADDRESS	7528 US Hwy 301 N	
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP	TAMPA FL 33687	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THATCHER, WALTER		NAME		
STREET ADDRESS	5815 N. DALE MABRY HWY.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, ROBERT		NAME		
STREET ADDRESS	320 E. HETCHER AVE.		STREET ADDRESS	320 E. Fletcher Ave	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GEORGE O. III		NAME		
STREET ADDRESS	3203 BAYSHORE BLVD. #1002		STREET ADDRESS	3203 Bayshore Blvd #1002	
CITY-ST-ZIP	TAMPA, FL 336291707		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITLEY, MICHAEL		NAME	Snyder, Jimmy	
STREET ADDRESS	1300 N FLORIDA AVE		STREET ADDRESS	101 E. Fletcher Ave	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TAMPA FL 33682	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>George O. Wilson III</i> EVP			Date: 4/19/04		Daytime Phone #: 813-837-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR George O. Wilson III					