2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90031 035 ****61.25

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1. Entity Name
TAMPA METROPOLITAN AREA YMCA, INC.

44016999

Principal Place of Business	Mailing Address
110 E OAK AVE ~~P.O. BOX 172428~~ TAMPA, FL 33672-7428	110 E OAK AVE ~~P.O. BOX 172428~~ TAMPA, FL 33672-7428

01122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1742909
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANGIONE, RALPH P
WILLIAMS, REED, WEINSTEIN, ET AL
1 TAMPA CITY CTR #2600
TAMPA, FL 33602

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	~~LITRELL, SCOTT~~ LUTTRELL, SCOTT D.
STREET ADDRESS	110 E OAK AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VCD
NAME	FOWLER, TROY
STREET ADDRESS	110 E OAK AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	BUESING, BOB
STREET ADDRESS	110 E OAK AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	TD
NAME	~~RAINEY, STEVE~~ RANEY, STEVE
STREET ADDRESS	110 E OAK AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	P
NAME	GILBERTSON, JR., ROBERT
STREET ADDRESS	110 E OAK AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ROBERT B. GILBERTSON, JR. Mar. 8, 2004 (813)224-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #