


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 739772
 1. Entity Name
BOYS & GIRLS CLUBS OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
3020 W. LAUREL ST. **3020 W. LAUREL ST.**
TAMPA, FL 33607 **TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-0624368 Not Applicable

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

6. Name and Address of Current Registered Agent
OPFER, LEROY D
3020 W. LAUREL ST
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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

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	CB
NAME	LAVOY, DAVID
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	S
NAME	FREEDMAN, STEVE
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	D
NAME	RASMUSSEN, MARLENE
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	D
NAME	HEVIA, DANIEL
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	T
NAME	JACOBSEN, SCOTT
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	P
NAME	OPFER, LEROY
STREET ADDRESS	3020 W LAUREL STREET
CITY - ST - ZIP	TAMPA, FL 33607

110001125798
 02/02/04-80118-024 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LEROY D OPFER Date: 02/02/04 Daytime Phone #: 813 875-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR