

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90090 017 ****70.00

DOCUMENT # 766039
 1. Entity Name
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
 2139 N.E. COACHMAN ROAD 2139 N.E. COACHMAN ROAD
 CLEARWATER FL 33765 CLEARWATER FL 33765
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2252762** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SCHWARTZ, GREGORY E.
 2139 NE COACHMAN RD
 CLEARWATER FL 33765

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	KEMP, LINDA L	
STREET ADDRESS	11701 BELCHER RD S	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	2515 COUNTRYSIDE BLVD	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GROTH, HOWARD	
STREET ADDRESS	2078 S DRUID CIR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCFATE, JOSEPH R	
STREET ADDRESS	1749 STARDUST DR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, GREGORY E	
STREET ADDRESS	2139 NE COACHMAN RD	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VITALE, CARRIE	
STREET ADDRESS	2139 NE COACHMAN RD	
CITY-ST-ZIP	CLEARWATER FL 33765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Neet Brickley	
STREET ADDRESS	2464 W. Granada Cir S	
CITY-ST-ZIP	St Pete, Fl 33712	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gregory E. Schwartz **PRESIDENT** **3.10.04** **727-442-7075**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #