


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 2139 N.E. COACHMAN ROAD CLEARWATER, FL 33765 US	Mailing Address 2139 N.E. COACHMAN ROAD CLEARWATER, FL 33765 US
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01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2252762	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KEMP, LINDA L 11701 BELCHER RD S LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRICKLEY, PAMELA NEET 2464 W. GRANADA CIR. SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GROTH, HOWARD 2078 S DRUID CIR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFATE, JOSEPH R 1749 STARDUST DR CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, GREGORY E 2139 NE COACHMAN RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITALE, CARRIE 2139 NE COACHMAN RD CLEARWATER, FL 33765

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 01/29/05-80059-011 70.00

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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:  **Gregory E. Schwartz-President** **1/26/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #