

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004345					
1. Entity Name TAMPA BAY WORKFORCE ALLIANCE, INC.					
Principal Place of Business 5701 E HILLSBOROUGH AVE STE 1419 TAMPA, FL 33610			Mailing Address 5701 E HILLSBOROUGH AVE STE 1419 TAMPA, FL 33610		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IGERT, JILL 5701 E HILLSBOROUGH AVE ... STE 1419 TAMPA, FL 33610				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 _____					
Filing Fee is \$61.25 Due by September 8, 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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANS-BARFIELD, SIMONE		NAME		
STREET ADDRESS	4129 EAST FOWLER AVENUE		STREET ADDRESS	U00000162312	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	06/03/04-80001-013 61.25	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUMACHER, DALE F		NAME		
STREET ADDRESS	P.O. BOX 7492		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336737492		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTHONY, GLORIA		NAME		
STREET ADDRESS	815 CHANNELSIDE DRIVE, STE 108		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELTON, TONJA		NAME		
STREET ADDRESS	8813 HIGHWAY 41, SOUTH		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33589		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YATES, GORDON		NAME		
STREET ADDRESS	4646 WHISPERING PARK LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMPHREY, PHIL		NAME		
STREET ADDRESS	LOCAL UNION 915		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		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)(c), 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: 				6/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	