

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2005
Secretary of State**

DOCUMENT# N00000004345

Entity Name: TAMPA BAY WORKFORCE ALLIANCE, INC.

Current Principal Place of Business:

5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3655316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRINKLEY, CAROL
5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GANS-BARFIELD, SIMONE
Address: 4129 EAST FOWLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: SCHUMACHER, DALE F
Address: P.O. BOX 7492
City-St-Zip: TAMPA, FL 336737492

Title: S () Delete
Name: ANTHONY, GLORIA
Address: 615 CHANNELSIDE DRIVE, STE 108
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HELTON, TONJA
Address: 8813 HIGHWAY 41, SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: YATES, GORDON
Address: 4646 WHISPERING PARK LANE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: HUMPHREY, PHIL
Address: LOCAL UNION 915
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GANS-BARFIELD, SIMONE
Address: 7445 QUAIL MEADOW ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: T (X) Change () Addition
Name: SCHUMACHER, DALE F
Address: P.O. BOX 7492
City-St-Zip: TAMPA, FL 33673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, RON
Address: 5802 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONE GANS-BAREFIELD

C

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date