2003 NOT-FOR-PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2003 8:00 am \$\frac{8}{8}\$ Secretary of State 09-11-2003 90096 014 ****61.25

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1. Entity Name

TAMPA BAY WORKFORCE ALLIANCE, INC.

Principal Place of Business

Mailing Address

Spile, April, etc. Suite,	9225 BAY PLA TAMPA FL 336	iza Blvd.ste. # 320 619	9225 BAY PLAZA BLVD.ST TAMPA FL 33619	E.# 320	E IDDITERI DÍT DOTA	Banin arnik kanich bankh barin arnik birbar nikin birba bilik irak	
South, the third state of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 TINE MARK GANS-BARFIELD, SIMONE SIRET ADDRESS TAMPA FL 33619 FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 TINE MARK GANS-BARFIELD, SIMONE SIRET ADDRESS SIR			3. Mailing Address	Hells horau	A AVE		
Name and Address of Current Registered Agent SB.75 Additional Fee Required SELKO, MAX		. #, etc.	Suite, Apt. #, etc.	1/9			
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SELKO, MAX 9225 BAY PLAZA BLVD, STE.405 TAMPA FL 33619 Street Address (P.O. Box Dit type is not Acceptable) City 79 Max FL 3jp.Code 6. 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 FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Deleto TITLE NAME GANS-BARFIELD, SIMONE Added to Fees Added to Fees Added to Fees FILE Address (P.O. Box Difference in April 11 in the State of Florida. I am familiar with, and accept the obligations of registered agent agenture required when revisitating agents agenture required when revisitating agents agent agents agent		8. Name and Address of Current H	egistered Agent	Name	7. Name and Addre	ss of New Registered Agent	
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SIGNATURE Signature Signa	8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in the	e State of Florida. I am familiar with, and accept	
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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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIVERVIEW FL 33569 D OPFER, ROY 3020 WEST LAUREL ST. TAMPA FL 33607 D TRIBBLE, RICK 702 NORTH FRANKLIN ST.		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ndon ya ta 46 whis pe mpe, Fl. 3 Fl. Humphr	sing Park Jane	

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: