

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90096 014 ****61.25

0012638

DOCUMENT # **N00000004345**
 1. Entity Name
TAMPA BAY WORKFORCE ALLIANCE, INC.



Principal Place of Business Mailing Address
9225 BAY PLAZA BLVD. STE. # 320 TAMPA FL 33619 **9225 BAY PLAZA BLVD. STE. # 320 TAMPA FL 33619**

2. Principal Place of Business 3. Mailing Address
5701 E. Hillsborough Ave. Suite 1419 Tampa, FL 33610 **5701 E. Hillsborough Ave. Suite 1419 Tampa, FL 33610**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3655316**
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SELKO, MAX
9225 BAY PLAZA BLVD, STE. 405
TAMPA FL 33619

7. Name and Address of New Registered Agent
 Name **Jill Iwert**
 Street Address (P.O. Box Number is Not Acceptable) **5701 E. Hillsborough Ave**
Suite 1419
 City **Tampa** FL Zip Code **33610**

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 **Jill Iwert, chief operating officer** DATE **9/8/03**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	C GANS-BARFIELD, SIMONE 4129 EAST FOWLER AVENUE TAMPA FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, TERRIE 3632 QUEEN PALM DRIVE, 3RD FLOOR TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY, GLORIA 615 CHANNELSIDE DRIVE, STE 108 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELTON, TONJA 8813 HIGHWAY 41, SOUTH RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPFER, ROY 3020 WEST LAUREL ST. TAMPA FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBBLE, RICK 702 NORTH FRANKLIN ST. TAMPA FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale F. Schumacher A.O. Box 7492 Tampa, FL 33673-7492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Gordon Yates 4646 Whispering Park Lane Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Phil Humphrey Local Union 915 5625 Harney Rd, Tampa, FL 33610

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: **Seminole County** DATE: **9/9/03**

CR2E037 (4/03)