## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

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DOCUMENT # N0000006292  1. Entity Name MANAGEMENT ASSISTANCE PROGRAM, INC.								•	016 ****		
Principal Place of Business Mailing Address											
1.1.1			1111 N. WESTSHORE BLVD. Suite 215								
TAMPA, FL 33607-4711 TAMPA, FL 33607-4711						) ( <b>ee</b> kk <b>u</b> ) <b>e</b> i <b>111</b> )	<b></b>				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04052005 c	hg-NP	CR2E03	37 (10/03)		
City & State		City & State				4. FEI Number Applied For 59-3671047 Not Applicable					
Zip Country Z		Zip	р Сои		intry	5. Certificate of Status D		Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered	Agent				7. Name and Ad	dress of New	Registered	Agent	
LARSEN, ANN					Name		. ,				
MANAGEMENT ASSISTANCE PROGRAM, INC.				Street Ad	ddress (i	P.O. Box Number is	Not Acceptab	le)			
1111 N. WESTSHORE BLVD., SUITE 215 TAMPA, FL 33607-4711											
					City		<u> </u>	• • •	FL	Zip Code	<b>3</b>
	named entity submits this statement for	r the purpos	se of changing its	register	ed office or	register	ed agent, or both, i	n the State of F	lorida. I am	familiar with,	and accept
ine obligat	ions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent a	and this if analis									
1	Signature, typed or primed harne or registered agent a					to required	whos reinmating)		DATE		
		апи ше и аррж				Periuper et	when reinstating)	<del>                                      </del>	DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	ани шке и архж	9. Election Can Trust Fund C	npaign F	inancing	re required	\$5.00 May Be Added to Fees		Make chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be	Fk	Make chec orida Depar	RECTORS IN	ate 10
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<u> </u>	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE		9. Election Can Trust Fund C	npaign F contribut	inancing ion.		\$5.00 May Be Added to Fees	Fk	Make chec orida Depar	RECTORS IN	ate 10
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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.

CITY-ST-ZIP

SIGNATURE:

TAMPA, FL 33624

CITY-ST-ZIP

Shaff Crowder

Shaff Crowder

SHORTURE AND FFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/0r

813-282-4922

Daytima Phone #

## ATTACHMENT

40070185

2005 Not-for-profit Corporation Annual Report Document # N00000006292 Management Assistance Program, Inc.

## 11. Continued

SD

Addition

Bell, Michael 300 East Bay Drive Largo, FL 33770

D

Addition

Michaels, Will 335 2<sup>nd</sup> Avenue NE St. Petersburg, FL 33701

D

Addition

Orr, Lisa 4202 E. Fowler Aven., MHH-116 Tampa, FL 33620

D

Addition

Peppard, Jane 490 First Avenue South St. Petersburg, FL 33701

D

Addition

Pinzon, Maria 2700 N. MacDill Ave., Suite #106 Tampa, FL 33607

D

Addition

Rugg, Elizabeth 9455 Koger Blvd., Suite 104 St. Petersburg, FL 33702