


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90202 016 ****61.25

DOCUMENT # N00000006292 1. Entity Name MANAGEMENT ASSISTANCE PROGRAM, INC.					
Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711			Mailing Address 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3671047	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LARSEN, ANN MANAGEMENT ASSISTANCE PROGRAM, INC. 1111 N. WESTSHORE BLVD., SUITE 215 TAMPA, FL 33607-4711				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 May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OPFER, ROY		NAME		
STREET ADDRESS	3020 W. LAUREL STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JOSEPH W		NAME	D	
STREET ADDRESS	100 N. STARCREST DRIVE, SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWDER, SHEFFIELD		NAME	TD	
STREET ADDRESS	2910 W. BAY TO BAY BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURNARI, ALEXANDRA		NAME	VPD	
STREET ADDRESS	1205 E. 8TH AVENUE		STREET ADDRESS	1002 E. Palm Ave	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, H. ROY DR.		NAME	D	
STREET ADDRESS	750-93RD AVENUE NORTH		STREET ADDRESS	4202 E. Fowler Ave #FA0175	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	Tampa, FL 33620	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIXON, ROBERT I DR		NAME	PD	
STREET ADDRESS	14158 FENNSBURY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		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)(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: <u>Sheff Crowder</u> 4/27/05 813-282-4922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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 2nd 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