## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008094

Entity Name: TAMPA BAY ALLIANCE, INC.

FILED May 02, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 N. ASHLEY DRIVE 344 CASCADE LANE PALM HARBOR, FL 34684 600 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 1000 N. ASHLEY DRIVE 344 CASCADE LANE PALM HARBOR, FL 34684 TAMPA, FL 33602 FEI Number: 59-3687023 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EISENSTADT, DEBORAH CPA 13605 TWIN LAKES LN TAMPA, FL 33624 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MANDEL, IRA G MD Name: Name: Address: 9811 WEST PARK VILLAGE Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SMITH, TREVOR Name: Address: 4234 FAIRWAY CR. Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROSAS, MAURICIO Name: FEINSTEIN, ADEE Name: 118 WEST MOHAWK AVE. Address: Address: 4427 LAVENDER LANE City-St-Zip: TAMPA, FL 33604 City-St-Zip: PALM HARBOR, FL 34685 Title: ( ) Delete Title: () Change () Addition Name: HOLT, DOUGLAS Name: Address: PO BOX 5135 Address: City-St-Zip: TAMPA, FL 336755135 City-St-Zip: Title: () Delete Title: () Change () Addition KAY PERRIN, PHD Name: Name: 13201 BRUCE B. DOWNS BLVD. MDC-56 Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: () Change () Addition FREEDMAN, STEVE PHD Name: Name: Address: 18907 AVENUE BIARRITZ Address: LUTZ, FL 33558 City-St-Zip: City-St-Zip:

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: STEVE FREEDMAN D 05/02/2004

JEFF HOCHBERG - EXECUTIVE DIRECTOR 344 CASCADE LANE PALM HARBOR, FL 34684