


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 016 ****61.25

DOCUMENT # N02000003904 1. Entity Name NEW TAMPA WILDCATS - GREATER TAMPA, INC.			
Principal Place of Business 8710 HIDDEN GREEN LANE TAMPA FL 33647		Mailing Address P.O. BOX 47116 TAMPA FL 33647	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3632391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVACH, STEPHEN M SR 8710 HIDDEN GREEN LANE TAMPA FL 33647		7. Name and Address of New Registered Agent Name Alyson B. Driscoll Street Address (P.O. Box Number is Not Acceptable) 5206 Ives Ct City Tampa FL Zip Code 33647	
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 <i>Alyson B. Driscoll</i> Date _____ <small>Signature, type or printed name of registered agent and title is optional. (NOTE: Registered Agent signature required when not optional.)</small>			
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHONCI, JERRY P.O. BOX 47116 TAMPA FL 33647	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, PAT P.O. BOX 47116 TAMPA FL 33647	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVACH, STEPHEN M P.O. BOX 47116 TAMPA FL 33647	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Driscoll, Alyson B. PO Box 47116 Tampa FL 33647	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Alyson B. Driscoll</i>		4-6-05 (83)843-7273	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>	