# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 8:00 am**
**Secretary of State**
05-01-2006 90392 007 ****61.25

DOCUMENT # N03000001465

1. Entity Name
TAMPA BAY CITIZENS ACADEMY ALUMNI, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18560 NORTH DALE MABRY HIGHWAY<br>LUTZ, FL 33548 | 18560 NORTH DALE MABRY HIGHWAY<br>LUTZ, FL 33548 |

04252006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| ~~716 W. Fletcher Ave.~~<br>Suite, Apt. #, etc. | ~~716 W. Fletcher Ave.~~<br>Suite, Apt. #, etc. |
| Tampa, FL<br>City & State | Tampa, FL<br>City & State |
| Zip: 33612 Country: USA | Zip: 33612 Country: USA |

4. FEI Number 46-3880436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WESTER, J. MEREDITH
18560 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548

**7. Name and Address of New Registered Agent**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>QUINTANA, MICHAEL<br>601 EAST KENNEDY BLVD<br>TAMPA, FL 33601 | ☑ Delete | P<br>Jose Vivero<br>P.O. Box 17704<br>Tampa. Florida 33682-7704 | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WESTER, J. MEREDITH<br>18560 NORTH DALE MABRY HIGHWAY<br>LUTZ, FL 33548 | ☑ Delete | V<br>Jan Platt<br>3531 Village Way<br>Tampa, FL 33629 | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HEDGES, JOHNNY<br>4109 GANDY BLVD<br>TAMPA, FL 33611 | ☑ Delete | S<br>Rickey Lane Kendall<br>4305 E. 21st Avenue<br>Tampa, Florida 33605-2300 | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WHIDDEN-CALVIN, FAITH<br>4410 BOY SCOUT BLVD<br>TAMPA, FL 33607 | ☑ Delete | T<br>Carl Snodgrass<br>5510 Gray Street<br>Tampa, FL 33609 | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Jose Vivero Pres. & Director 4/26/06 813-961-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #