


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90012 009 ****61.25

DOCUMENT # N03000005750

1. Entity Name
 TAMPA FIREFIGHTERS CHARITY FUND, INC.



Principal Place of Business
 14807 N FLORIDA AVE
 TAMPA, FL 33613-1825

Mailing Address
 14807 N FLORIDA AVE
 TAMPA, FL 33613-1825

50030096



2. Principal Place of Business
 3116 N. BOULEVARD

3. Mailing Address
 3116 N. BOULEVARD

Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State
 TAMPA FL.

City & State
 TAMPA

4. FEI Number
 55-0842602

Applied For
 Not Applicable

Zip
 33603

Country
 USA

Zip
 33603

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEE, ROBERT F
 1718 E 7TH AVE, STE 301 (33605)
 TAMPA, FL 33675-0638

7. Name and Address of New Registered Agent

Name
 RUSSELL C. SPICOLA

Street Address (P.O. Box Number is Not Acceptable)
 3116 N. BOULEVARD

City
 TAMPA

FL Zip Code
 33603

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 *Russell C. Spicola* RUSSELL C. SPICOLA 3/13/05

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, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPICOLA, RUSSELL C 14807 N. FLORIDA AVE TAMPA, FL 33613-1825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3116 N. BOULEVARD TAMPA, FL. 33603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 *Russell C. Spicola* RUSSELL C. SPICOLA 3/13/05 (813) 229-7540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #