2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N39433

Entity Name: THE TAMPA BAY ADVERTISING FEDERATION, INC.

Current Principal Place of Business:

11812 N 56TH ST
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11812 N 56TH ST
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3072029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFCOAT, SARAH
11812 N 56TH STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ANDERSEN, MICHAEL	
Address:	5350 115TH AVE N	
City-St-Zip:	CLEARWATER, FL 33670 US	
Title:	D	( ) Delete
Name:	BENNETT, SHANNON	
Address:	5144 W. IDLEWILD AVENUE	
City-St-Zip:	TAMPA, FL 33634 US	
Title:	MD	( ) Delete
Name:	JEFFCOAT, SARAH	
Address:	11812 N 56TH STREET	
City-St-Zip:	TAMPA, FL 33617 US	
Title:	TD	( ) Delete
Name:	QUIGLEY, MICHAEL	
Address:	16036 US HIGHWAY 19 NORTH	
City-St-Zip:	CLEARWATER, FL 33764 US	
Title:	SD	( ) Delete
Name:	NADLER, NAN	
Address:	4405 SUMMER OAK DRIVE	
City-St-Zip:	TAMPA, FL 33618 US	
Title:	D	( ) Delete
Name:	PAKSOY, NICOLE	
Address:	1515 N WESTSHORE BLVD	
City-St-Zip:	TAMPA, FL 33607 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SARAH JEFFCOAT MD 03/08/2006

Electronic Signature of Signing Officer or Director — Date