2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N41355

Entity Name: TAMPA BAY ASSOCIATION FOR FINANCIAL PROFESSIONALS, INC.

Current Principal Place of Business:

P.O. BOX 21525
TAMPA, FL 33622 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21525
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3072469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIOCHETTO, BOBBIE
3913 W. PELMIRA AVE.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

CIOCHETTO, BOBBIE
3913 W. PALMIRA AVE.
TAMPA, FL 33629 US

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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BUFFINGTON, SUZANNE
Address: 300 N. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: DV ( ) Delete
Name: ADEAB, DEBRA
Address: 5157 CORVETTE DR.
City-St-Zip: TAMPA, FL 33624

Title: DT ( ) Delete
Name: CIOCHETTO, BOBBIE
Address: 3413 W. PALM AVE.
City-St-Zip: TAMPA, FL 33629

Title: DS ( ) Delete
Name: BARBEE, PASTY
Address: 201 E. KENNEDY BLVD. 18TH FLOOR
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: ADEEB, DEBRA
Address: 5157 CORVETTE DR.
City-St-Zip: TAMPA, FL 33624

Title: DT (X) Change ( ) Addition
Name: CIOCHETTO, BOBBIE
Address: 3913 W. PALMIRA AVE.
City-St-Zip: TAMPA, FL 33629

Title: DS (X) Change ( ) Addition
Name: BARBEE, PATSY
Address: 201 E. KENNEDY BLVD. 18TH FLOOR
City-St-Zip: TAMPA, FL 33602

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: BOBBIE CIOCHETTO DT 04/29/2005
Electronic Signature of Signing Officer or Director — Date