

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004808

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: THE TAMPA BAY CATHOLIC LAWYERS GUILD, INC.

**Current Principal Place of Business:**

512 COURTNEY DRIVE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1816  
TAMPA, FL 33601 US

**New Mailing Address:**

FEI Number: 59-3510702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, KARL V  
512 COURTNEY DRIVE  
TEMPLE TERRACE, 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: D      ( ) Delete  
Name: GALLAGHER, DANIEL  
Address: 419 PIERCE STREET  
City-St-Zip: TAMPA, FL

Title: D      ( ) Delete  
Name: GASSLER, FRANK  
Address: 501 E. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL

Title: D      ( ) Delete  
Name: JESSE V DOMINGUEZ,  
Address: 105 S ARMENIA AVE  
City-St-Zip: TAMPA, FL 33609

Title: PRES      ( ) Delete  
Name: STEVENS, A. KARL JR.  
Address: 512 COURTNEY DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TREA      ( ) Delete  
Name: ALLISON, THOMAS E  
Address: 4445 SUMMER OAK DR  
City-St-Zip: TAMPA, FL 33624

**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:

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: THOMAS E. ALLISON

TREA

02/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date