


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 019 ****61.25

DOCUMENT # N99000005675					
1. Entity Name TAMPA BAY REGIONAL CRITICAL INCIDENT TEAM, INC.					
Principal Place of Business 1502 W BUSCH BLVD STE F TAMPA, FL 33612 US			Mailing Address 1502 W BUSCH BLVD STE F TAMPA, FL 33612 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3618654	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITNEY, SUSAN 1502 W BUSCH BLVD STE F TAMPA, FL 33612				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 <u><i>[Signature]</i></u> DATE <u>2/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P NAME MELTON, TIFFANY STREET ADDRESS 116 S 34TH ST CITY-ST-ZIP TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME MOBLEY, ROBERT STREET ADDRESS 2008 E 8TH AVE CITY-ST-ZIP TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete				
TITLE S NAME ROSS, MEG STREET ADDRESS 4202 E FOWLER AVE UPB002 CITY-ST-ZIP DADE CITY, FL 33523	<input type="checkbox"/> Delete				
TITLE TD NAME TIMMER, LARRY STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete				
TITLE CD NAME COHEN, MARTIN DR. STREET ADDRESS 12108 N. 56TH STREET, SUITE F CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete				
TITLE AD NAME WHITNEY, SUSAN STREET ADDRESS 1502 W. BUSCH BLVD., STE F CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME MOBLEY, ROBERT STREET ADDRESS 2008 E. 8TH AVE CITY-ST-ZIP TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NP NAME RICK MALIVUK STREET ADDRESS 5315 VAN DYKE ROAD CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE TD NAME AUNE DOUGHERTY STREET ADDRESS 3006 PERRY AVE CITY-ST-ZIP TAMPA, FL 33603	<input checked="" 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: <u><i>[Signature]</i></u> 2-9-05 813-918-9186 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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