

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 024 ****70.00

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1. Entity Name

211 TAMPA BAY CARES, INC.



Principal Place of Business

11457 ULMERTON RD
LARGO FL 33778

Mailing Address

P.O. BOX 5164
LARGO FL 33779

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

59-3355555

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, CYNTHIA
11457 ULMERTON RD
LARGO FL 33778

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	D FOWLER, DENNIS MAJ. 10750 ULMERTON RD. LARGO FL 33778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATANESE, GEORGE 800 CARILLON PARKWAY ST PETERSBURG FL 33733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, MARION 2135 CAMDEN WAY CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARP, COVINGTON 1150 CLEVELAND STREET CLEARWATER FL 33755	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FOX, CYNTHIA 11457 ULMERTON RD LARGO FL 33778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINAND, JOEL 20 BAYWOOD CT. SEMINOLE FL 33775	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADELL, TIM 7770 52ND ST. PINELLAS PARK, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CATANESE, GEORGE 800 CARILLON PARKWAY ST. PETERSBURG, FL 33733	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ROBIN 100 S. MYRTLE ST. CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DORETHA 301 4TH ST. SW LARGO, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANN 7912B HANLEY RD TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, PSALMS 6605 5TH AVE N ST. PETERSBURG, FL 33733	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Fox Cynthia Fox 1/25/05 (724) 562-1530

Date

Daytime Phone #

ATTACHMENT

#N96000000678
50009726

11. Cont'd. Additions/Changes to Officers and Directors in 10

Title: D Addition
Name: McKenna, Sandra
Street Address: 4348 Hythe Court
City-St-Zip: Tampa, FL 33609

Title: V/D Addition
Name: Petersen, Grant D.
Street Address: 600 N. Westshore Blvd.
City-St-Zip: Tampa, FL 33609

Title: D Addition
Name: Reich, Karen
Street Address: 1200 7th Avenue North
City-St-Zip: St. Petersburg, FL 33705

Title: D Addition
Name: Tabor, Sandra
Street Address: 1801 72nd Avenue NE
City-St-Zip: St. Petersburg, FL 33702

Title: D Addition
Name: Wade, Jonathan
Street Address: Bay Pines
City-St-Zip: St. Petersburg, FL 33744