
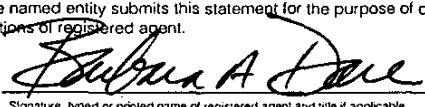
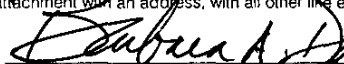


**2005****2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90483 005 \*\*\*\*70.00

<b>DOCUMENT # 740879</b> 1. Entity Name <b>THE SPRING OF TAMPA BAY, INC.</b>					
Principal Place of Business 2807 N. 35TH ST. P O BOX 4772 TAMPA, FL 33677			Mailing Address P.O. BOX 4772 TAMPA, FL 33677 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 <b>59-1777135</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DARE, BARBARA</b> <b>4100 BOYSCOUT BLVD</b> <b>TAMPA, FL. 33607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 		<b>BARBARA DARE, PRESIDENT</b>		<b>APRIL 28, 2005</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED WATERS, BETH 824 S ROME AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARE, BARBARA 4100 BOYSCOUT BLVD TAMPA, FL. 33607
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, BERTRAM T JR 2805 PARKLAND BVD TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD WATERS, BETH 824 SOUTH ROME AVE. TAMPA, FL. 33606
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUBERLY, REBECCA LYNN 3205 W DELEON UNIT 1 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERUBE, MICHELLE 405 SOUTH ARRAWANA #7 TAMPA, FL. 33609
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALLACE, ERIKA ESQ 1801 BAYSHORE BLVD TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAUFFMAN, KERMIT P.O. BOX 191 TAMPA, FL. 33601-0191
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WACKSMAN, EMX POPE 1903 S CARDENSAS AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HON. MARY S. SCRIVEN, US MAGISTRATE JUDGE 801 N. FLORIDA AVE., SUITE 1034 TAMPA, FL. 33602
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input 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 line empowered.					
SIGNATURE: 		<b>BARBARA DARE, PRESIDENT</b>		<b>APRIL 28, 2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

(813) 870-8060