

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008094

FILED
Apr 29, 2006
Secretary of State

Entity Name: TAMPA BAY ALLIANCE, INC.

Current Principal Place of Business:

344 CASCADE LANE
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

344 CASCADE LANE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3687023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENSTADT, DEBORAH CPA
13605 TWIN LAKES LN
TAMPA, FL 33624 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: MANDEL, IRA G MD
Address: 9811 WEST PARK VILLAGE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: SMITH, TREVOR
Address: 4234 FAIRWAY CR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HOCHBERG, JEFF A
Address: 344 CASCADE LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: E.D. () Delete
Name: HOLT, DOUGLAS
Address: PO BOX 5135
City-St-Zip: TAMPA, FL 336755135

Title: D () Delete
Name: KAY PERRIN, PHD
Address: 13201 BRUCE B. DOWNS BLVD. MDC-56
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: FREEDMAN, STEVE PHD
Address: 18907 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANDEL, IRA D
Address: 9811 WEST PARK VILLAGE
City-St-Zip: TAMPA, FL 33626

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: JEFF A HOCHBERG

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date