

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90399 017 ****61.25

DOCUMENT # 702934

1. Entity Name
TAMPA SHOWMENS MEMORIAL FUND, INC.



Principal Place of Business
**608 N. WILLOW AVENUE
TAMPA, FL 33606-1304**

Mailing Address
**608 N. WILLOW AVENUE
TAMPA, FL 33606-1304**

50039034



03152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6154981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, LILLIAN A
608 N WILLOW AVE
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERSON, DON 5833 MARINER DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, LILLIAN A 608 N WILLOW AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CEFARATTI, TONY 7125 HAMILTON LANE ZEPHYRHILLS, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, CLIFF 10140 VISTA POINT DR. TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONEDERA, DAVID 608 N. WILLOW AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Lillian A. Thomas* *Lillian A. Thomas* *3-15-05* *813-253-5762*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #