2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# 720906

Entity Name: THE FINANCIAL ANALYSTS SOCIETY OF TAMPA BAY, INC.

Current Principal Place of Business:

P O BOX 4097
SARASOTA, FL 34230097 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1136
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-6592262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, ERIC
102 W WHITING ST
ST 600
TAMPA, FL 33602 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:	DP	( ) Delete
Name:	BAILEY, ERIC	
Address:	102 W WHITING ST STE 602	
City-St-Zip:	TAMPA, FL 336025140	
Title:	DT	( ) Delete
Name:	SHAHTIERI, WILL	
Address:	400 N ASHLEY DRIVE 2550	
City-St-Zip:	TAMPA, FL 33602	
Title:	DV	( ) Delete
Name:	GEORGE, LINARDOS	
Address:	P.O. BOX 2908	
City-St-Zip:	CLEARWATER, FL 337572918	
Title:	DS	( ) Delete
Name:	TOURTON, JOHN	
Address:	1700 S MACDILL AVE	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	SHAHRIARI, WILL	
Address:	400 N ASHLEY DRIVE, STE 2550	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	TOUCHTON, JOHN	
Address:	1700 S MACDILL AVE	
City-St-Zip:	TAMPA, FL 33629	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILL SHAHRIARI DT 01/21/2004

Electronic Signature of Signing Officer or Director — Date