


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739772</b> 1. Entity Name <b>BOYS &amp; GIRLS CLUBS OF TAMPA BAY, INC.</b>	
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Principal Place of Business <b>3020 W. LAUREL ST. TAMPA, FL 33607</b>	Mailing Address <b>3020 W. LAUREL ST. TAMPA, FL 33607</b>
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01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-0624368</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>OPFER, LEROY D 3020 W. LAUREL ST TAMPA, FL 33607</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB LAVOY, DAVID 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREEDMAN, STEVE 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RASMUSSEN, MARLENE 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEVIA, DANIEL 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JACOBSEN, SCOTT 3020 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OPFER, LEROY 3020 W LAUREL STREET TAMPA, FL 33607

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>LEROY D OPFER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>02/02/04</u>	Daytime Phone # <u>813 875-5771</u>
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