


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90058 006 \*\*\*\*61.25

<b>DOCUMENT # 765373</b>		
1. Entity Name JAPAN-AMERICA SOCIETY OF FLORIDA, INC.		
Principal Place of Business <del>UNIV OF SO FLA, INTL AFFAIRS CENTRE</del> <del>4202 FOWLER AVE</del> <del>TAMPA, FL 33620 US</del> <i>World Trade Center</i> <i>1101 Channelside Drive</i> <i>Tampa, FL 33602</i>	Mailing Address P.O. BOX 23744 TAMPA, FL 33623 US	



02062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2254223</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>
<del>PAYNE, ROBERT</del> <del>504 W. DAVIS BLVD.</del> <del>TAMPA, FL 33606</del> <i>John C. Bierley</i> <i>attorney at law</i> <i>World Trade Center</i> <i>1101 Channelside Drive</i> <i>Tampa, FL 33602</i>		

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 *John C. Bierley* *Feb 6, 2004*  
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, 2004**

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	TD CARR, JEFFERY 201 E KENNEDY BLVD, SUITE 1200 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMB, RONALD POST OFFICE BOX 24355 N/A TAMPA, FL 336234355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, MARK T. 4202 FOWLER AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLYNN, BILL P.O. BOX 1438 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 like empowered.

SIGNATURE: *John C. Bierley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 6, 2004*  
Date *813-226-1875*  
Office Phone #