2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # ~~N00~~000000029

1. Entity Name
TAMPA STREET SCHOOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3104 E 25TH AVE TAMPA, FL 33604	4532 W KENNEDY BLVD #148 TAMPA, FL 33609

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02192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3554228
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, PATRICIA A
1350 ORANGE AVE #230
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIGANEK, MARY E
STREET ADDRESS	1507 SAKONNET CT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	WALLACE, PATRICIA A
STREET ADDRESS	1350 ORANGE AVE SUITE 230
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	TILLAPAUGH, THOMAS A
STREET ADDRESS	1567 MARION ST
CITY-ST-ZIP	DENVER, CO 80218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/28/04-80001-012 61.25

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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)(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: Mary Ellen Ciganek Mary Ellen Ciganek Admin 6/22/04 8132410292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #