

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90419 041 \*\*\*\*61.25

**DOCUMENT # N00000001337**

1. Entity Name  
**TAMPA BAY TECHNOLOGY FORUM FOUNDATION, INC.**



Principal Place of Business  
**3111 W. DR. MARTIN LUTHER KING JR. BLVD  
SUITE 360  
TAMPA, FL 33607**

Mailing Address  
**3111 W. DR. MARTIN LUTHER KING JR. BLVD  
SUITE 360  
TAMPA, FL 33607**

**50013199**



2. Principal Place of Business

**1511 N. West Shore Blvd**

3. Mailing Address

**P.O. Box 20067**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

04102006

Chg-NP

CR2E037 (11/05)

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3630982**

Applied For

Not Applicable

Zip

**33607**

Country

Zip

**33622**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RYBICKI, JACK  
3111 W. DR. MLK JR. BLVD  
SUITE 360  
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4890 W. Kennedy Blvd**

**Suite 110**

City

**Tampa**

FL

Zip Code

**33609**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAFFER, ANDREW**  
CITY-ST-ZIP **3111 W. DR. MLK JR. BLVD, STE 360  
TAMPA, FL 33607**

TITLE ☒ Delete  
NAME **GORDON, GEORGE MARK RHODES**  
STREET ADDRESS **302 KNIGHTS RUN AVE, STE 800**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DIBENEDETTO, TONY**  
CITY-ST-ZIP **600 N. WESTSHORE BLVD, STE 800  
TAMPA, FL 33609**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RYBICKI, JACK**  
CITY-ST-ZIP **4890 W. KENNEDY BLVD, STE 110  
TAMPA, FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1511 N West Shore Blvd Suite 400**  
CITY-ST-ZIP **Tampa FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MARK Rhodes**  
CITY-ST-ZIP **4830 W Kennedy Blvd Suite 890  
Tampa FL 33609**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4830 W Kennedy Blvd Suite 890**  
CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

**ANDY HAFFER**

**4-10-06**

**813-341-8283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #