2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003107

1. Entity Name
AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER INC.

Principal Place of Business	Mailing Address
2910 24TH AVE TAMPA, FL 33605	2910 24TH AVE TAMPA, FL 33605

03252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, FLETCHER
2910 24TH AVE
TAMPA, FL 33605

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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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000038881
03/29/04--00060--014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, FLETCHER
STREET ADDRESS	2910 24TH AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	GALLMON, BETTY
STREET ADDRESS	4213 E LOUISIANA
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	ANDERSON, PAULETTE
STREET ADDRESS	5711 TROY CT, APT 104
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	GRANT, STEPHANIE
STREET ADDRESS	4714 N. HABANA #203
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	BYRD, LEATRICE
STREET ADDRESS	2113 W. KATHLEEN ST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	BAKER, MARIA L
STREET ADDRESS	1220 34TH STREET
CITY-ST-ZIP	SARASOTA, FL 34234

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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: Fletcher Anderson 3-25-04 813 241-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #