

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90734 017 ****61.25

DOCUMENT # N00000003660

1. Entity Name
NONPROFIT RESOURCE CENTER OF TAMPA BAY, INC.

Principal Place of Business Mailing Address
4137 SALTWATER BLVD **4137 SALTWATER BLVD**
TAMPA FL 33615 **TAMPA FL 33615**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3686132** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABONE, DONALD J
~~**4137 SALTWATER BLVD**~~
TAMPA FL 33615

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TABONE, DONALD J	
STREET ADDRESS	4137 SALTWATER BLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELUCIA, FRANK	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, DIANE	
STREET ADDRESS	PO BOX 2056	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DICKMAN, RON	
STREET ADDRESS	1855 HIGHLAND AVE S	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCKINNEY, MIKE	
STREET ADDRESS	14706 DAYBREAK DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SHARON	
STREET ADDRESS	1041 EAST COLUMBUS DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy S. Dwyer	
STREET ADDRESS	2924 W. Curtis St.	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dorothy S. Dwyer* **OSF** Date May 23, 2002 Daytime Phone # 813/879-2181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)