

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90142 035 ****61.25

DOCUMENT # N00000003660

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



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

Mailing Address
**4137 SALTWATER BLVD
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3686132**

Applied For
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **TABONE, DONALD J**
STREET ADDRESS **4137 SALTWATER BLVD**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE Change Addition
NAME **C Rugg Elizabeth**
STREET ADDRESS **9800 4th St, N #206**
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **D** Delete
NAME **DELUCIA, FRANK**
STREET ADDRESS **2735 WHITNEY RD**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **S** Change Addition
NAME **Mike Cook**
STREET ADDRESS **12552 Belcher Rd, S.**
CITY-ST-ZIP **Largo, FL 33773**

TITLE **D** Delete
NAME **DWYER, DOROTHY S**
STREET ADDRESS **2924 W. CURTIS STREET**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition
NAME **Dwyer, Dorothy S**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **DICKMAN, RON**
STREET ADDRESS **1855 HIGHLAND AVE S**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** Delete
NAME **MCKINNEY, MIKE**
STREET ADDRESS **14706 DAYBREAK DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
NAME **D Mc Kinney, Mike**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MILLER, SHARON**
STREET ADDRESS **1041 EAST COLUMBUS DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE Change Addition
NAME **VC Doug Towne**
STREET ADDRESS **1130 94th Ave. N.**
CITY-ST-ZIP **St. Petersburg FL 33703**

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: *Sharon Miller*

1/14/03 813/819-2181

CR2E037 (10/02)