

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90456 043 \*\*\*\*61.25

**DOCUMENT # N00000004251**



1. Entity Name  
**REBUILDING TOGETHER TAMPA BAY, INC.**

Principal Place of Business  
**2918 W KENNEDY BLVD  
 TAMPA, FL 33609**

Mailing Address  
**2918 W KENNEDY BLVD  
 TAMPA, FL 33609**

**60031882**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3664580**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVE, STE 3000  
 MIAMI, FL 33131**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **ADAMS, GARY**  
 STREET ADDRESS **3675 SUGARCREEK DR**  
 CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **VD**  Change  Addition  
 NAME **THOMAS, LINDA**  
 STREET ADDRESS **2906 W. BAY TO BAY BLVD, STE A**  
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **DT**  Delete  
 NAME **BOND, BRADLEY J**  
 STREET ADDRESS **2424 WOODLAWN CIRCLE W**  
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **AUSTIN, CAROL A**  
 STREET ADDRESS **2918 W KENNEDY BLVD**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **COOPER, GINNY**  
 STREET ADDRESS **315 N MACDILL AVE**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D**  Change  Addition  
 NAME **COOPER, GINNY**  
 STREET ADDRESS **315 N. MACDILL AVE**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D**  Delete  
 NAME **BIBLE, PAT**  
 STREET ADDRESS **1046 W. BUSCH BLVD STE 300**  
 CITY-ST-ZIP **TAMPA, FL 33612**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **COHEN, NORMA**  
 STREET ADDRESS **3205 W. DELON ST. # F**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **PD**  Change  Addition  
 NAME **COHEN, NORMA**  
 STREET ADDRESS **3602 HENDERSON BLVD**  
 CITY-ST-ZIP **TAMPA, FL 33629**

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:

*Bradley J. Bond* **BRADLEY J. BOND**

**4/27/06**

**727-641-8335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

60031882

OFFICERS AND DIRECTORS

#N00000004257

Rebuilding Together Tampa Bay, Inc.  
Officers and Directors

## OFFICERS

Cohen, Norma	Director/President
Bond, Brad	Director/Treasurer
Austin, Carol	Director/Secretary
Thomas, Linda	Director/Vice President

## DIRECTORS

Title	Director
Name	Baillie, Sharon
Street Address	3213 W. Kennedy Blvd
City-ST-Zip	Tampa, FL 33609

Title	Director
Name	Minardi, Beverly
Street Address	3602 Henderson Blvd.
City-ST-Zip	Tampa, FL 33629

Title	Director
Name	Bredeau, Kristine
Street Address	43 W. Cypress St., Ste 1000
City-ST-Zip	Tampa, FL 33607

Title	Director
Name	Neall, Dan
Street Address	2906 W. Bay to Bay Blvd., Suite A
City-ST-Zip	Tampa, FL 33629

Title	Director
Name	Clark, Jim
Street Address	6522 Gunn Highway
City-ST-Zip	Tampa, FL 33625

Title	Director
Name	Pupello, Sam
Street Address	4017 San Pedro West
City-ST-Zip	Tampa, FL 33629

Title	Director
Name	Cooper, Ginny
Street Address	315 N. Macdill Avenue
City-ST-Zip	Tampa, FL 33609

Title	Director
Name	Strobel, Don
Street Address	2716 6th Avenue South
City-ST-Zip	St. Pete, FL 33712

Title	Director
Name	Johnson, Connie
Street Address	702 W. Lumsden
City-ST-Zip	Brandon, FL 33511

Title	Director
Name	Weigle, Christine
Street Address	PO Box 383
City-ST-Zip	Terra Ceia Island, FL 34250

Title	Director
Name	Martinez, Elvin
Street Address	800 E. Kennedy Blvd., 5th Floor
City-ST-Zip	Tampa, FL 33602