


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

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90036 027 \*\*\*\*70.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N00000006292</b>   |  |  |  |                    |  |
| 1. Entity Name<br>MANAGEMENT ASSISTANCE PROGRAM, INC.  |  |  |  |   |  |
| Principal Place of Business<br>1111 N. WESTSHORE BLVD.<br>SUITE 215<br>TAMPA, FL 33607-4711  |  | Mailing Address<br>1111 N. WESTSHORE BLVD.<br>SUITE 215<br>TAMPA, FL 33607-4711                              |  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| LARSEN, ANN<br>MANAGEMENT ASSISTANCE PROGRAM, INC.<br>1111 N. WESTSHORE BLVD., SUITE 215<br>TAMPA, FL 33607-4711   |  |  | Name <u>Lisenby, Chellie</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>Management Assistance Program, Inc.</u><br><u>1111 N. West Shore Blvd., Suite 215</u><br>City <u>Tampa</u> FL Zip Code <u>33607-4711</u> |   |  |
| 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 <u>Chellie Lisenby, Executive Director</u> DATE <u>1.13.06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete              | TITLE  | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME   | OPFER, ROY                                     | NAME   | OPFER, ROY   |   |  |
| STREET ADDRESS   | 3020 W. LAUREL STREET                          | STREET ADDRESS   | 3020 W. Laurel Street  |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33607                                | CITY-ST-ZIP  | Tampa, FL 33607  |   |  |
| TITLE  | D <input type="checkbox"/> Delete              | TITLE  | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME   | CLARK, JOSEPH W                                | NAME   | NIXON, ROBERT I, DR  |   |  |
| STREET ADDRESS   | 100 N. STARCREST DRIVE, SUITE 202              | STREET ADDRESS   | 14158 Fennsbury Drive  |   |  |
| CITY-ST-ZIP  | CLEARWATER, FL 33765                           | CITY-ST-ZIP  | Tampa, FL 33624  |   |  |
| TITLE  | TD <input type="checkbox"/> Delete             | TITLE  | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME   | CROWDER, SHEFFIELD                             | NAME   | PEPPARD, JANE  |   |  |
| STREET ADDRESS   | 2910 W. BAY TO BAY BLVD., SUITE 200            | STREET ADDRESS   | 319 Sleepy Hollow Ave.   |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33629                                | CITY-ST-ZIP  | Temple Terrace, FL 33617   |   |  |
| TITLE  | VPD <input checked="" type="checkbox"/> Delete | TITLE  | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME   | FURNARI, ALEXANDRA                             | NAME   | BELL, MIKE   |   |  |
| STREET ADDRESS   | 1002 E. PALM AVE                               | STREET ADDRESS   | 3107 Coventry East   |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33605                                | CITY-ST-ZIP  | Safety Harbor, FL 34695  |   |  |
| TITLE  | PD <input checked="" type="checkbox"/> Delete  | TITLE  |  |   |  |
| NAME   | KAPLAN, H. ROY DR.                             | NAME   |  |   |  |
| STREET ADDRESS   | 4202 E. FOWLER AVE #FA0175                     | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33620                                | CITY-ST-ZIP  |  |   |  |
| TITLE  | PD <input type="checkbox"/> Delete             | TITLE  |  |   |  |
| NAME   | NIXON, ROBERT I DR                             | NAME   |  |   |  |
| STREET ADDRESS   | 14158 FENNSBURY DRIVE                          | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP  | TAMPA, FL 33624                                | 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: <u>JANE B. PEPPARD</u> DATE <u>1/13/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |   |  |