


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 016 \*\*\*\*61.25

<b>DOCUMENT # N01000000204</b>					
<b>1. Entity Name</b> TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION, INC.					
<b>Principal Place of Business</b> TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION INC 110 E PALM AVE. TAMPA, FL 33602			<b>Mailing Address</b> TAMPA HEIGHTS JUNIOR CIVIC ASSOCIATION INC 110 E PALM AVE. TAMPA, FL 33602		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1687961	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GREEN, LENA Y C/O CENTRAL CITY YMCA 110 E PALM AVE. TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typing or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPC <input type="checkbox"/> Delete GREEN, LENA Y 3405 N AVON AVE TAMPA, FL 33603		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVC <input checked="" type="checkbox"/> Delete DUFVA, MARK 110 E OAK AVE TAMPA, FL 33602		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Ali Akbar DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2304 N. Florida Ave. Tampa, FL 33602	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete TENNISON, JOHN 1607 N FRANKLIN TAMPA, FL 33602		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Program Director / PD <input type="checkbox"/> Delete Artrick Sneed 110 E. Palm Ave TAMPA, FL 33602		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Lena Y Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>			8/29/05 (813) 229-3423 <small>Date Daytime Phone</small>		

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