

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002307

FILED
Apr 30, 2005
Secretary of State

Entity Name: FYD NORTHWEST TAMPA TIGERS ASSOCIATION INC.

Current Principal Place of Business:

7923 LANDMARK CIR., APT B
TAMPA, FL 33615

New Principal Place of Business:

9608 REDWOOD BLVD
TAMPA, FL 33635

Current Mailing Address:

7923 LANDMARK CIR., APT B
TAMPA, FL 33615

New Mailing Address:

PO BOX 262124
TAMPA, FL 33685 21

FEI Number: 59-3628665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOA, DIANA B
9608 REDWOOD BLVD
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHULER, TAMMY
Address: 6211 N LOIS AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MCMULLEN, LINDA
Address: 3108 OLD SPRING PLACE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: NOA, DIANA BARNES
Address: 9608 REDWOOD BLVD
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: LIKES, JIM
Address: 6917 WILLIAMS DR
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: SHULER, TRACY
Address: 6211 N LOIS AVE
City-St-Zip: TAMPA, FL 33614

Title: D (X) Delete
Name: TURPIN, AMANDA
Address: 7210 MANHATTAN AVE #1811
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA BANRES NOA

T

04/30/2005

Electronic Signature of Signing Officer or Director

Date