

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90219 024 ****61.25

DOCUMENT # N01000003088

1. Entity Name

CENTRAL CITY ELEMENTARY SCHOOL OF TAMPA, INC.



Principal Place of Business

**3916 E. HILLSBOROUGH AVENUE
TAMPA, FL 33614**

Mailing Address

**3916 E. HILLSBOROUGH AVENUE
TAMPA, FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33610

Country

Zip

33610

Country

04272004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3715146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, FLORAN CPA
23022 N. WESTSHORE BLVD
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE **P** ☐ Delete
NAME **WILDS, JETIE B JR.**
STREET ADDRESS **10405 GREENHEDGES DRIVE**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **D** ☒ Delete
NAME **SHAW, GEORGE**
STREET ADDRESS **3916 E. HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **D** ☐ Delete
NAME **BROOKS, ANTHONY**
STREET ADDRESS **13850 SHELTON RD**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **VD** ☐ Delete
NAME **CAPITANO, JOSEPH SR**
STREET ADDRESS **1302 NORTH 19TH STREET**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE **TD** ☐ Delete
NAME **MORRICK, RONALD**
STREET ADDRESS **730 SOUTH STERLING STE 200**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ Delete
NAME **MORRIS, BARRY DR**
STREET ADDRESS **5422 EAST RIVERHILLS DRIVE**
CITY-ST-ZIP **TAMPA, FL 33617**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **TOWNSEND, BRENDA**
STREET ADDRESS **4802 EAST FOWLER AVENUE**
CITY-ST-ZIP **TAMPA, FL 33620**

TITLE **D** ☐ Change ☒ Addition
NAME **GATLIN, JAMES**
STREET ADDRESS **3005 EAST CHIPCO STREET**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE **D** ☐ Change ☒ Addition
NAME **ELLSASSER, EDWARD**
STREET ADDRESS **5440 BEAUMONT CENTER BLVD.**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **D** ☐ Change ☒ Addition
NAME **TOURE, SADIBOU**
STREET ADDRESS **8807 RUSTIC TRAIL COURT**
CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **D** ☐ Change ☒ Addition
NAME **QUIN, WAYNE A.**
STREET ADDRESS **1102 WEST CYPRESS STREET**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wayne A. Quin

WAYNE A. QUIN

04/27/04 813-239-9827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #