

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005030

Entity Name: NFL/YET CENTERS OF TAMPA BAY, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

400 NORTH TAMPA STREET, STE. 1050
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH TAMPA STREET, STE. 1050
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3733460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYDBERG, MARSHA
400 NORTH TAMPA STREET, STE. 1050
TAMPA, FL 33602 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: D () Delete
Name: ROYSTER, STEPHANIE O
Address: 4905 34TH STREET SOUTH, STE. 220
City-St-Zip: ST. PETERSBUEG, FL 33711

Title: P () Delete
Name: RYDBERG, MARSHA G
Address: 400 NORTH TAMPA STREET, STE. 1050
City-St-Zip: TAMPA, FL 33602

Title: TS () Delete
Name: SHIMBERG, HINKS
Address: 611 WEST BAY STREET
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: WIGGINS, BETTY
Address: P.O. BOX 11688
City-St-Zip: TAMPA, FL 33680

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:

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: STEPHANIE O ROYSTER

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date