

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007337

FILED
Jan 09, 2004
Secretary of State**Entity Name:** TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.**Current Principal Place of Business:**6316 FORRESTAL DRIVE
TAMPA, FL 33625**New Principal Place of Business:**6215 SPRING OAK COURT
TAMPA, FL 33625**Current Mailing Address:**6316 FORRESTAL DRIVE
TAMPA, FL 33625**New Mailing Address:**6215 SPRING OAK COURT
TAMPA, FL 33625**FEI Number:** 59-3755022**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SCANIO, DINO M
6316 FORRESTAL DRIVE
TAMPA, FL 33625 US**Name and Address of New Registered Agent:**SCANIO, DINO M
6215 SPRING OAK COURT
TAMPA, FL 33625 US

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: DINO M. SCANIO

01/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCANIO, DINO M
Address: 6316 FORRESTAL DRIVE
City-St-Zip: TAMPA, FL 33625

Title: VD (X) Delete
Name: PEREZ, JESSE JR
Address: 1925 WEST CLINTON STREET
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SCANIO, VINCENT IV
Address: 1314 CARISSA COURT
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: CURA, DAVID
Address: 5004 WEST DICKENS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CORDOVES, LORENZO
Address: 4744 WHISPERING WIND
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: CURA, MARCOS
Address: 5002 WEST DICKENS AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCANIO, DINO M
Address: 6215 SPRING OAK COURT
City-St-Zip: TAMPA, FL 33625

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

Title: D (X) Change () Addition
Name: SCANIO, VINCENT IV
Address: 1709 CRAWFORD STREET
City-St-Zip: TAMPA, FL 33604

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: DINO M. SCANIO

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date