## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007337

FILED Apr 26, 2005 Secretary of State

Entity Name: TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6215 SPRING OAK COURT TAMPA, FL 33625				1906 W. ERNA DRIVE TAMPA, FL 33603		
Current Mailing Address:			New Maili	New Mailing Address:		
6215 SPRING OAK COURT TAMPA, FL 33625				1906 W. ERNA DRIVE TAMPA, FL 33603		
FEI Number:	: 59-3755022	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired (X)		
Name and	l Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:		
SCANIO, DINO M 6215 SPRING OAK COURT TAMPA, FL 33625 US			1906 W. E	SCANIO, VINCENT IV 1906 W. ERNA DRIVE TAMPA, FL 33603 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or bot		
SIGNATUR	RE: VINCENT	Γ SCANIO IV		04/26/2005		
	Electron	nic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECT		
Fitle: Name: Address: City-St-Zip:	PD (X SCANIO, DINO 6215 SPRING TAMPA, FL 33	OAK COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D ( SCANIO, VINC 1709 CRAWFO TAMPA, FL 33	ORD STREET	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition SCANIO, VINCENT IV 1906 W. ERNA DRIVE TAMPA, FL 33603		
Fitle: Name: Address: City-St-Zip:	CURA, DAVID	) Delete CKENS AVENUE 629	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Nddress: Dity-St-Zip:	D ( CORDOVES, L 4744 WHISPEI TAMPA, FL 33	RING WIND	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: Dity-St-Zip:	CURA, MARCO	CKENS AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition PEREZ, JESSE SR 1925 WEST CLINTON STREET TAMPA, FL 33604		

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: VINCENT SCANIO, IV PD 04/26/2005