


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000008092 1. Entity Name HOWARD W. BLAKE-DON THOMPSON ALUMNI AND FRIENDS, INCORPORATION	
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Principal Place of Business 4201 UNION ST. TAMPA, FL 33607	Mailing Address P. O. BOX 311182 TAMPA, FL 33680
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3665033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KINSEY, RANDOLPH 4201 UNION ST. TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, PAULINE L P. O. BOX 181 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPSHAW, CARNELL 8315 CROTON AVE. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILMORE, GLORIA 4601 ASHMORE PL. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CAROLYN 4002 LASALLE ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, HENRY L 4211 E. PARIS TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, CARL 1710 E. NORTH BAY TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

U00000318845
04/20/05-80067-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pauline L. Grant Pauline L. Grant 4/14/05 813-986-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #