

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90066 010 \*\*\*\*70.00

<b>DOCUMENT # N01000008718</b>					
<b>1. Entity Name</b> CEO COUNCIL OF TAMPA BAY, INC.					
<b>Principal Place of Business</b> 633 ONTARIO AVENUE TAMPA, FL 33606			<b>Mailing Address</b> 633 ONTARIO AVENUE TAMPA, FL 33606		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 60-0002000	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TOOMBS, MARY JANE 633 ONTARIO AVENUE TAMPA, FL 33606				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE: <i>Mary Jane Toombs</i></span> <span>3/15/05</span> </div> <small>Signature, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DCFO <b>NAME</b> HISSAM, DICK <b>STREET ADDRESS</b> 134 OAK LEAF LANE <b>CITY-ST-ZIP</b> LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DP <b>NAME</b> DAVIS, PAMELA J <b>STREET ADDRESS</b> ITC 12425 28TH ST NORTH STE 103 <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> DC <b>NAME</b> Chris Peifer <b>STREET ADDRESS</b> 16308 Villareal <b>CITY-ST-ZIP</b> Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> DST <b>NAME</b> Mark Anderson <b>STREET ADDRESS</b> 8184 Woodland Center Blvd. <b>CITY-ST-ZIP</b> Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> DV <b>NAME</b> Dean Akers <b>STREET ADDRESS</b> 4890 W. Kennedy Blvd. # 295 <b>CITY-ST-ZIP</b> Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Jane Toombs <b>STREET ADDRESS</b> 633 Ontario Ave. <b>CITY-ST-ZIP</b> Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Guy King <b>STREET ADDRESS</b> 300 W. Platt St, Second Floor <b>CITY-ST-ZIP</b> Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mary Jane Toombs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Mary Jane Toombs				3/15/05 813/258-5999 <small>Date Daytime Phone #</small>	