

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N01900

1. Entity Name
AMPUTEES TOGETHER, INC.



Principal Place of Business
**5311 E. FLETCHER AVE
TAMPA, FL 33617 US**

Mailing Address
**5311 E. FLETCHER AVE
TAMPA, FL 33617 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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

**GIFFORD, DOTTIE
5311 E. FLETCHER AVENUE
TAMPA, FL 33617**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000034529
02/05/04-80088-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **BAUER, GREG**
STREET ADDRESS **5311 E. FLETCHER AVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE VD
NAME **BAUER, LES**
STREET ADDRESS **5311 E. FLETCHER AVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE TSD
NAME **LINGER, COURTNEY**
STREET ADDRESS **5311 E FLETCHER AVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE D
NAME **ROBINSON, JENNIFER**
STREET ADDRESS **5311 E FLETCHER AVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE D
NAME **GIFFORD, DOTTIE**
STREET ADDRESS **5311 E. FLETCHER AVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: *Dottie Gifford* **Director** **1-30-04 813 985-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #