2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N02000001985

Entity Name: THE NORTHWEST TAMPA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

7705 GUNN HWY
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

7705 GUNN HWY
TAMPA, FL 33625

New Mailing Address:

FEI Number: 01-0639829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWLETT, JOE M
7705 GUNN HWY
TAMPA, FL 33625

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HOWLETT, JOE M	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	SHUMATE, MICHAEL	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	MILFORD, DUANE	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	GILES, ROBERT	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	(X) Delete
Name:	BROWN, WILLIAM	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	BECK, RON	
Address:	7705 GUNN HWY	
City-St-Zip:	TAMPA, FL 33625	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL SHUMATE D 01/16/2004

Electronic Signature of Signing Officer or Director — Date