

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

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N02000002895

Entity Name: UPPER TAMPA BAY ALLIANCE, INC.

**Current Principal Place of Business:**

10123 KINGSBRIDGE AVE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

10123 KINGSBRIDGE AVE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 04-3651970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGUS, ROBERT L JR  
12027 BREWSTER DRIVE  
TAMPA, FL 33626 US

**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: C ( ) Delete  
Name: ARGUS, ROBERT L JR  
Address: 12027 BREWSTER DR  
City-St-Zip: TAMPA, FL 33626

Title: CTS ( ) Delete  
Name: EDGERLEY, SUSAN D  
Address: 10123 KINGSBRIDGE AVE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: PLEASANTS, DON  
Address: 5222 S. CRESCENT DR  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: BARRETT, JACK M  
Address: 13850 SHELDON RD  
City-St-Zip: TAMPA, FL 33626

**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:

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: SUSAN D. EDGERLEY

CTS

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date