

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

05-02-2005 90467 029 ****70.00

DOCUMENT # N03000000842					
1. Entity Name TAMPA BAY SPORTS HALL OF FAME BOOSTERS, INC.					
Principal Place of Business 1117 SECOND AVE S ST PETERSBURG, FL 33715			Mailing Address 1117 SECOND AVE S ST PETERSBURG, FL 33715		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272005 Chg-NP CR2E037 (10/03)	
4. FEI Number APPLIED FOR 57-1150716				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBS, RICHARD O STE 1600, 200 CENTRAL AVE ST PETERSBURG, FL 33715			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FROID, GARY R STE 705, 4993 BACOPA LN S ST PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BARTOW, ROSS 4040 N HIMES AVE TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GLASURE, JACK 205 20 AVE NE ST PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete EAST, CLARK 3632 W CYPRESS ST TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete KEARNEY, JOHN E 5404 LEILANI DR ST PETERSBURG BEACH, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROY, WILLIAM 1117 SECOND AVE S TIERRA VERDE, FL 33715		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William Roy</u>			4/27/05 727 344-6724		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66025183



Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

July 22, 2006

No. of pages (including
this one)

1

Brookhaven IRS Campus - EIN Department
FAX: 1-631-447-8960 Phone: 1-800-829-4933To
WILLIAM ROYFrom Tax Examiner Team
0134728170 304FAX
(727)343-8203

Phone

ATTENTION

Name of Entity

TAMPA BAY SPORTS HALL OF FAME BOOSTERS INC

EIN
57-1150716

Name of Entity

EIN

Name of Entity

EIN

Please see the following letter regarding missing or incorrect information on your
Form SS-4, Application for a Federal Employer Identification Number (EIN).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given. Thank you.