

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90200 027 \*\*\*\*70.00

**60034298**



04152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-2359130  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DOCUMENT # N03000001680**

1. Entity Name  
**SOUTH TAMPA TITANS, INC.**



Principal Place of Business  
**4717 W. WALLCRAFT  
TAMPA, FL 33611 US**

Mailing Address  
**P.O. BOX 13377  
TAMPA, FL 33681 US**

2. Principal Place of Business - No P.O. Box #  
**6203 S Martindale**

3. Mailing Address  
**PO Box 13377**

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33611**

Country  
**US**

Zip  
**33681**

Country  
**US**

6. Name and Address of Current Registered Agent

**REVORD, ALICIA TRES  
4717 W. WALLCRAFT AVE.  
TAMPA, FL 33611**

7. Name and Address of New Registered Agent

Name  
**Gary Dinka**

Street Address (P.O. Box Number is Not Acceptable)  
**515 Lucerne Ave.**

City  
**Tampa**

FL

Zip Code  
**33606**

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 *[Signature]* DATE 4/17/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P DUVALL, SCOTT 4717 W. WALLCRAFT AVE. TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roger Powell 6203 S Martindale Tampa FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, CHRIS 4717 W. WALLCRAFT AVE. TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kevin Kearny 6203 S Martindale Tampa FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, TRACY 4717 W. WALLCRAFT AVE. TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tracy Norman 6203 S Martindale Tampa FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REVORD, ALICIA TREAS 4717 W. WALLCRAFT AVE. TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gary Dinka 6203 S Martindale Tampa FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *[Signature]* Date 4/17/08 Daytime Phone # 813-846-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR