

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003450

FILED
Jun 22, 2004
Secretary of State

Entity Name: TAMPA FOUNDATION FOR EDUCATIONAL EXCELLENCE, INC.

Current Principal Place of Business:

P.O. BOX 314096
TAMPA, FL 336800496

New Principal Place of Business:

3303 N. DECATUR AVE
TAMPA, FL 33603 US

Current Mailing Address:

P.O. BOX 314096
TAMPA, FL 336800496

New Mailing Address:

3303 N. DECATUR AVE
TAMPA, FL 33603 US

FEI Number: 35-2203265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S. FRANKLIN STREET
TAMPA, FL 33602 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: D () Delete
Name: VILLAROSA, ANNETTE
Address: 6905 AQUEDUCT TERRACE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: VILLAROSA, CARL
Address: 6905 AQUEDUCT TERRACE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: SCOLARO, PATRICIA
Address: 3303 NORTH DECATUR AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: SCOLARO, EDWARD
Address: 3303 NORTH DECATUR AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: SHAW, JOANN
Address: 706 SPORTSMAN PARK DRIVE
City-St-Zip: SEFFNER, FL 33584

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:

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: EDWARD SCOLARO

D

06/22/2004

Electronic Signature of Signing Officer or Director

Date