2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

MAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33694 CITY-ST-ZIP TAMPA, FL 33694 CITY-ST-ZIP Change Ad AME CITY-ST-ZIP CAMPA	DOCUMENT # N0300007475 1. Entity Name NAAHR-TAMPA BAY CHAPTER, INC.					05-03-2004 90437 036 ****70.00					
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Size	Zip	Country	Zip	Country	′	N					
HILL, RICHARD 4925 INDEPENDENCE PKWY. TAMPA, FL 33634 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILING Foe is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trus Fund Contribution. Delete TITE DHILL, RICHARD P. O. BOX 341814 TITE DAVIS-STREY AD0RESS OTY-ST-ZP ODAVIS-GRYČE, CYNTHIA STREET AD0RESS OTY-ST-ZP ODAVIS-GRYČE O		6. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			lame								
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature Signature Signature typed or protect name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinvating) DATE	4925 INDE	IARD PENDENCE PKWY.	Si	Street Address (P.O. Box Number is Not Acceptable)							
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 act the obligations of registered agent. SignaTURE SignaTURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinitating) DATE	TAMPA, FL				-4						
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 acceptable to the obligations of registered agent. SIGNATURE Signature, hyped or printed ranse of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				С	City			C I	Zip Cod	e	
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Trust Fund Contribution	SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Age	ent signature required	when reinstating)		DATE			
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UIT-31-4F IANYEA, EL 33094 ■ UIT-31-4F	NAME	HENLEY, VANESSA	☐ Delete	NAME					☐ Change	☐ Addition	
	TITLE *NAME STREET ADDRESS CITY-ST-ZIP	D BATIE, LAFERN 16701 WINDSOR PARK DR. LUTZ, FL 33549	. <u>.</u>	TITLE NAME "STREET AD CITY-ST-	DDRESS ZIP	- ection 119.07(3)(i). F	Iorida Statutes. I	further cert		Addition	