

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 022 \*\*\*\*70.00

**DOCUMENT # N03000008908**

1. Entity Name  
**GREATER TAMPA BAY AREA NATIONAL SOCIETY OF  
BLACK ENGINEERS ALUMNI EXTENSION, INC.**



Principal Place of Business  
**PO BOX 46  
OLDSMAR, FL 33624**

Mailing Address  
**10112 CEDAR DUNE DRIVE  
TAMPA, FL 33624  
7603 HORSE POND RD  
ODESSA, FL 33556**

**34072879**



2. Principal Place of Business

3. Mailing Address  
**7603 HORSE POND RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ODESSA FL**

09082004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**593707601**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33556**

**US**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DORSEY, CONTESSA L  
10112 CEDAR DUNE DRIVE  
TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name **HENRY E. HUMBERT**

Street Address (P.O. Box Number is Not Acceptable)

**7603 HORSE POND RD**

City **ODESSA**

**FL**

Zip Code  
**33556**

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]*

**9/8/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

TITLE **P** ☒ Delete  
NAME **DORSEY, CONTESSA L**  
STREET ADDRESS **10112 CEDAR DUNE DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **V** ☐ Delete  
NAME **COOK, VICTOR L**  
STREET ADDRESS **8307 N GROVE VIEW PLACE**  
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **T** ☐ Delete  
NAME **HUMPHRIES, NICOLE**  
STREET ADDRESS **15425 PLANTATION OAKS DR., APT. #7**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☒ Addition  
NAME **HENRY HUMBERT**  
STREET ADDRESS **7603 HORSE POND RD.**  
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/04**

Date

**(813) 679-1931**

Daytime Phone #