

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009580

1. Entity Name
TAMPA COALITION FOR CHANGE, INC.



Principal Place of Business
PO BOX 310364
TAMPA, FL 33680-0364

Mailing Address
PO BOX 310364
TAMPA, FL 33680-0364



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2395454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REDDICK, FRANK A
4610 JOHN BELL DR.
TAMPA, FL FL336-10

**DO NOT WRITE
IN THIS SPACE**

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, 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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REDDICK, FRANK A
STREET ADDRESS	PO BOX 310364
CITY-ST-ZIP	TAMPA, FL 336800364
TITLE	V
NAME	GREENLEE, GEORGE M
STREET ADDRESS	1705 E. CRAWFORD CIR.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	S
NAME	LEWIS, DELORIS E
STREET ADDRESS	PO BOX 4209
CITY-ST-ZIP	TAMPA, FL 33677
TITLE	T
NAME	SMITH, AARON
STREET ADDRESS	6601 ORANGEWOOD TER.
CITY-ST-ZIP	TAMPA, FL 33610

000000320888
04/21/05-80057-005 70.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- FRANK A. REDDICK

4-18-05

Date

813-220-6751

Daytime Phone *