


FILED
Apr 08, 2005 8:00 am
Secretary of State

43050205

[illegible]

DOCUMENT # N04000004318				04-08-2005 90048 046 ****70.00	
1. Entity Name TAMPA BAY AMERICANS WITH DISABILITIES ASSOCIATION, INC.					
Principal Place of Business 9100 DR MARTIN LUTHER KING ST N APT 1313 ST PETERSBURG, FL 33702				Mailing Address P.O. BOX 55116 ST PETERSBURG, FL 33732-5116	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent PETERS, VIVIAN 9100 DR MARTIN LUTHER KING ST N APT 1313 ST PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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: <i>Vivian Peters</i> VIVIAN PETERS PRESIDENT				DATE: 3-31-2005	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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: PRESIDENT <input type="checkbox"/> Delete NAME: VIVIAN PETERS STREET ADDRESS: 9100 DR MLK ST N #1313 CITY-ST-ZIP: ST PETERSBURG FL 33702				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VICE PRESIDENT <input type="checkbox"/> Delete NAME: JOAN FERNANDEZ STREET ADDRESS: 219 MT ISLE AVE NE CITY-ST-ZIP: ST PETERSBURG FL 33702				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: SEC. TREASUR <input type="checkbox"/> Delete NAME: ADRIANNA WILLIAMS STREET ADDRESS: 3960 55th ST N #101 CITY-ST-ZIP: ST PETERSBURG FL 33709				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Vivian Peters</i> VIVIAN PETERS PRESIDENT				DATE: 3-31-2005 727-563-0175	