


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90010 048 ****61.25

DOCUMENT # N04000004318	
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
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2. Principal Place of Business 401 ROSARY ROAD N.E. LARGO FLORIDA	3. Mailing Address Suite, Apt. #, etc.
City & State 33770 U.S.	City & State
Zip 33770	Country



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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) 401 ROSARY ROAD N.E. LARGO FL 33770
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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. **ADRIANNA WILLIAMS**

SIGNATURE *Adrianna Williams* **SECRETARY-TREASURER** **2-3-06**
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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, VIVIAN 9100 DR MLK ST N, # 1313 SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 ROSARY ROAD N.E. LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, JOAN 219 MT ISLE AVE NE SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ADRIANNA 3960 55TH ST N, # 101 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Adrianna Williams* **ADRIANNA WILLIAMS** **2-3-06** **(727) 344-1816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40010577

IRS INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

#N04000004318

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TAMPA BAY AMERICANS WITH
DISABILITIES ASSOCIATION INC
PO BOX 55116
ST PETERSBURG FL 33732

Date of this notice: 05-10-2004

Employer Identification Number:
33-1091137

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-1091137. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.