

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-06-2005 90004 001 ***422.50

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01032005 Chg-NP CR2E037 (10/03)

4. FEI Number **76-0758891** Applied For ☐ Not Applicable ☐

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

DOCUMENT # N04000004843
1. Entity Name
ABC OF TAMPA, INC.



Principal Place of Business
**6570 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710**

Mailing Address
**6570 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**ROBERTS, CARL G. "JEFF"
6570 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2005

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-----------------------------|---------------------------------|---|-----------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete | TITLE | VP T D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, CINDY RN | | NAME | Cindy Roberts | |
| STREET ADDRESS | 7819 COUNTY CLUB ROAD NORTH | | STREET ADDRESS | 7819 County Club Road North | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33710 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWERS, CAROL RN | | NAME | Carol Bowers | |
| STREET ADDRESS | 16608 NORWOOD DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33624 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWERS, DOUGLAS | | NAME | | |
| STREET ADDRESS | 16608 NORWOOD DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33624 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CIMINO, DAVID MD | | NAME | | |
| STREET ADDRESS | 4850 OSPREY DRIVE SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33711 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Cindy Roberts, VP D. 1-3-05 727-381-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #