

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 21, 2005  
Secretary of State

DOCUMENT# N04000009001

Entity Name: ICA TAMPA BAY CHAPER, INC.

**Current Principal Place of Business:**

7168 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

11370 66TH STREET NORTH  
132  
LARGO, FL 33773

**Current Mailing Address:**

7168 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**New Mailing Address:**

11370 66TH STREET NORTH  
132  
LARGO, FL 33773

FEI Number: 20-1656257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, DEBORAH C  
7168 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

FOSTER, DEBORAH C  
11370 66TH STREET NORTH  
132  
LARGO, FL 33773 US

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.

SIGNATURE:

02/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELSON, JOHN  
Address: PO BOX 22006  
City-St-Zip: TAMPA, FL 33622

Title: VP ( ) Delete  
Name: FOSTER, DEBORAH C  
Address: 7168 SEMINOLE BOULEVARD  
City-St-Zip: SEMINOLE, FL 33772

Title: S ( ) Delete  
Name: HIPPLE, JACK  
Address: 18222 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete  
Name: BIBEAU REAVES, DENISE  
Address: 15561 REDINGTON DRIVE  
City-St-Zip: REDINGTON BEACH, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE FOSTER

MS.

02/21/2005

Electronic Signature of Signing Officer or Director

Date