2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009668

Entity Name: TAMPA BAY FEDERAL FOUNDATION, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal	New Prin	New Principal Place of Business:		
3815 N NEBRASK TAMPA, FL 33607		3815 N NEBRASKA AVE TAMPA, FL 33603		
Current Mailing A	New Mail	New Mailing Address:		
P O BOX 7492 TAMPA, FL 33673		P O BOX 7492 TAMPA, FL 33673		
FEI Number: 20-2340	FEI Number Applied For()	FEI Number Not Ap	olicable ()	Certificate of Status Desired (X)
Name and Addres	ss of Current Registered Agent:	Name an	d Address of N	ew Registered Agent:
SCHUMACHER, D 3815 N NEBRASK TAMPA, FL 33607	3815 N N	SCHUMACHER, DALE 3815 N NEBRASKA AVE TAMPA, FL 33603 US		
The above named in the State of Flori	entity submits this statement for the	e purpose of changing	its registered of	fice or registered agent, or both,
SIGNATURE: DA	LE SCHUMACHER			02/16/2005
E	lectronic Signature of Registered A	gent		Date
OFFICERS AND	DIRECTORS:	ADDITIO	NS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () SETH, ROBERT 3815 N NEBRAS TAMPA, FL 336	SKA AVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () BURGUE, PETE 3815 N NEBRAS TAMPA, FL 336	SKA AVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () SCHUMACHER, 3815 N NEBRAS TAMPA, FL 336	SKA AVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () ALLEN, ERNES 3815 N NEBRAS TAMPA, FL 336	SKA AVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR. () HAMP, EDWARI 3815 N NEBRAS TAMPA, FL 336	SKA AVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MS. () WALKER, CYNT 3815 N NEBRAS TAMPA, FL 336	SKA AVE

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: DALE SCHUMACHER MR 02/16/2005