2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2005
Secretary of State

DOCUMENT# N04000010996

Entity Name: TASTE OF CITRUS PARK, INC.

Current Principal Place of Business:

C/O SICKLES HIGH SCHOOL
7950 GUNN HWY.
TAMPA, FL 33626

New Principal Place of Business:

C/O UPPER TAMPA BAY CHAMBER OF COMMERCE
163 STATE ROAD 580
OLDSMAR, FL 34677

Current Mailing Address:

C/O SICKLES HIGH SCHOOL
7950 GUNN HWY.
TAMPA, FL 33626

New Mailing Address:

C/O UPPER TAMPA BAY CHAMBER OF COMMERCE
163 STATE ROAD 580
OLDSMAR, FL 34677

FEI Number: 56-2489356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAWRENCE, JULIE
2803 W BUSCH BLVD SUITE 107E
TAMPA, FL 336184517 US

Name and Address of New Registered Agent:

UPPER TAMPA BAY CHAMBER OF COMMERCE
163 STATE ROAD 580
OLDSMAR, FL 34677 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: KEVIN GARTLAND, PRESIDENT & CEO 08/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAGAN0, SUSAN
Address: 9002 HAYMARKET LANE
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete
Name: TUGGLE, ELSA
Address: 7950 GUNN HWY
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete
Name: RATCLIFFE, HELEN
Address: 6215 BOONE DR
City-St-Zip: TAMPA, FL 33625

Title: T ( ) Delete
Name: LAWRENCE, JULIE
Address: 2803 W BUSCH BLVD SUITE 107E
City-St-Zip: TAMPA, FL 336184517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAPPA, GERALD A
Address: 8565 W. LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33625

Title: V (X) Change ( ) Addition
Name: WILLIAMS, LINDA
Address: 3684 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change ( ) Addition
Name: BRANNAN, LOWIE
Address: 5805 GALLEON WAY
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change ( ) Addition
Name: STAUFFER, TOM
Address: 4966 POINTE CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: GERALD A. PAPPA P 08/27/2005
Electronic Signature of Signing Officer or Director Date