2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N04797 02-04-2004 90043 026 ****61.25 1. Entity Name TAMPA BAY RUNNERS, INC. Mailing Address Principal Place of Business POST OFFICE BOX 290372 4902 N. FLORIDA AVE P.O. BOX 290372 TAMPA, FL 33603 US TAMPA, FL 33687 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 01062004 CR2E037 (10/03) Suite, Apt. #, etc. Chg-NP Applied For 4. FEI Number 59-2130553 City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent يرايان جأري والإرام فليعاد بعن وسيقتمون SMITH, STEPHEN B JR Street Address (P.O. Box Number is Not Acceptable) 11013 SAGINAW DRIVE TEMPLE TERRACE, FL 33617 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 Signature, typed or printed name of registered agent and title if applicable. Make check payable to 6 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete NAME OLSEN, LARRY MAMP. STREET ADDRESS STREET ADDRESS 4902 N. FLORIDA AVE. CITY-ST-ZIP **TAMPA, FL 33603** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME SMITH, GRETCHEN NAME STREET ADDRESS STREET ADDRESS 11013 SAGINAW DRIVE CITY-ST-ZIP TEMPLE TERR, FL 33617 CITY+ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE SWARTZ, ARLENE W NAME STREET ADDRESS STREET ADDRESS 7600 ABBEY LANE CITY-ST-ZIP TAMPA, FL 336178533 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TID F NAME MCCULLOUGH, BILL NAME STREET ADDRESS 2710 W IVY STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete ήπε NAME. NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP programme, 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment without address with all otherwise empowered. ith all other like empowered. 813 238-4224 LAWRENCE F.OLSEN Daytime Phone

FILED

Feb 04, 2004 8:00 am

Attachment 2004 NOT-FOR-PROFIT CORPORATION COPY ANNUAL REPORT

1. Entity Name	MENT #N04797				5	4003:	375
Principal Place of Business 4902 N. FLORIDA AVE TAMPA, FL 33603 US		Mailing Address POST OFFICE BOX 290372 P.O. BOX 290372 TAMPA, FL 33687 US					in kan
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-I	NP I	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2130553		 	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status	s Desired	S8.75 Add	itional
	6. Name and Address of Current I	Registered Agent	- Name	7. Name and Address	s of New Reg	istered Agent	~
	ÈPHEN B JR INAW DRIVE		Street Address (P.O. Box Number is Not Acceptable)				
	ERRACE, FL 33617						
			City	<u> </u>		FL Zip Code	e
	named entity submits this statement for one of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florid	da. I am familiar with,	and accept
_							
SIGNATURE	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTI	E: Registered Agent signature requ	sired when reinstating)		DATE	 _
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees		ce check payable to a Department of St	
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES	TO OFFICERS		
NAME STREET ADDRESS	PD OLSEN, LARRY 4902 N. FLORIDA AVE. TAMPA, FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	SD SMITH, GRETCHEN 11013 SAGINAW DRIVE TEMPLE TERR, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	TD SWARTZ, ARLENE W 7600 ABBEY LANE TAMPA, FL 336178533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	VD MCCULLOUGH, BILL 2710 W IVY STREET TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby condition of the corp changed,	ertify that the information supplied with on this report or supplemental report is coration or the receiver or fruster empor or on an attachment with an address.	(2) A) A	wave 5. OLSO.)		/	urther certify that the inthe inthe inthe inthe interpretation of the interpretation of	