

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04797

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: TAMPA BAY RUNNERS, INC.

## Current Principal Place of Business:

4902 N. FLORIDA AVE  
TAMPA, FL 33603 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 290372  
P.O. BOX 290372  
TAMPA, FL 33687 US

## New Mailing Address:

FEI Number: 59-2130553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, STEPHEN B JR  
11013 SAGINAW DRIVE  
TEMPLE TERRACE, FL 33617 US

## Name and Address of New Registered Agent:

OLSEN, LAWRENCE E  
4902 NORTH FLORIDA AVE.  
TAMPA, FL FL 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: LAWRENCE E. OLSEN

03/09/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OLSEN, LARRY  
Address: 4902 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete  
Name: SMITH, GRETCHEN  
Address: 11013 SAGINAW DRIVE  
City-St-Zip: TEMPLE TERR, FL 33617

Title: TD ( ) Delete  
Name: SWARTZ, ARLENE W  
Address: 7600 ABBEY LANE  
City-St-Zip: TAMPA, FL 336178533

Title: VD ( ) Delete  
Name: MCCULLOUGH, BILL  
Address: 2710 W IVY STREET  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: OLSEN, LARRY  
Address: 4902 NORTH FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33603

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: LAWRENCE E. OLSEN

PD

03/09/2005

Electronic Signature of Signing Officer or Director

Date