

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011888

FILED
Feb 09, 2006
Secretary of State

Entity Name: WINTER PRIDE TAMPA BAY, INC.

Current Principal Place of Business:

2429 CENTRAL AVENUE
SUITE 201
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 11987
ST PETERSBURG, FL 33733

New Mailing Address:

PO BOX 21042
TAMPA, FL 336331042 US

FEI Number: 20-3837621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, HAROLD L JR.
2803 BUSCH BLVD W
STE 112
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: FEIST, BRIAN
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

Title: VPD () Change (X) Addition
Name: POLLEY, ROBERT
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

Title: SD () Change (X) Addition
Name: WILLIAMS, TERESA
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

Title: TD () Change (X) Addition
Name: HENRIKSON, DAN
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

Title: D () Change (X) Addition
Name: HENNESSEY, CHRIS
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

Title: D () Change (X) Addition
Name: BARKER, TOM
Address: PO BOX 41042
City-St-Zip: TAMPA, FL 336331042

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRIAN FEIST

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date