

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07334

FILED
Jan 18, 2006
Secretary of State

Entity Name: TAMPA SCHOLARSHIPS, INC.

Current Principal Place of Business:

ROBERT CLARK
5127 BLOOMINGTON AVE.
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

ROBERT CLARK
5127 BLOOMINGTON AVE.
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 65-0099696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASQUALE, ERNEST
1127 ROYAL BLVD
PALM HARBOR, FL 34684 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: P () Delete
Name: CLARK, ROBERT
Address: 5127 BLOOMINGTON AVE.
City-St-Zip: TAMPA, FL 33619

Title: ED () Delete
Name: CLARK, ROBERT
Address: 5127 BLOOMINGTON AVE.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: CUNNINGHAM, DONNA
Address: 16125 CRAIGEND PLACE
City-St-Zip: ODESSA, FL 33556 US

Title: T () Delete
Name: PASQUALE, ERNEST
Address: 1127 ROYAL BLVD.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: CLARK, ROBERT
Address: 5127 BLOOMINGTON AVE.
City-St-Zip: TAMPA, FL 33619

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

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 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: ERNEST PASQUALE

T

01/18/2006

Electronic Signature of Signing Officer or Director

Date