2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N08772

Entity Name: TAMPA BAY CONVENTION & VISITORS BUREAU, INC.

Current Principal Place of Business:

400 N. TAMPA ST.
SUITE 2800
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 N. TAMPA ST.
SUITE 2800
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-2529118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORY, YADLEY C ESQ.
101 EAST KENNEDY BOULEVARD
P.O. BOX 172609 SUITE 2800
TAMPA, FL 33672 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: CD ( ) Delete
Name: MCDANIEL, DON
Address: 6200 COURTNEY CAMPBELL
City-St-Zip: TAMPA, FL 33607

Title: VCD ( ) Delete
Name: GONZMART, RICHARD
Address: 2025 EAST 7TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete
Name: SCOTT, MARY
Address: 700 SOUTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602

Title: TD ( ) Delete
Name: MAHURIN, DANIEL
Address: 306 SEA ISLAND WAY
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: GONZMART, RICHARD
Address: 2025 EAST 7TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: VCD (X) Change ( ) Addition
Name: SCOTT, MARY
Address: 700 SOUTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602

Title: SD (X) Change ( ) Addition
Name: JACOB, DIANNE
Address: ONE SOUTH DALE MABRY HWY #820
City-St-Zip: TAMPA, FL 33609

Title: TD (X) Change ( ) Addition
Name: JACOB, DIANNE
Address: ONE SOUTH DALE MABRY HWY #820
City-St-Zip: TAMPA, FL 33609

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: RICHARD GONZMART CD 01/04/2005

Electronic Signature of Signing Officer or Director — Date