


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 022 ****70.00

DOCUMENT # N09357 1. Entity Name TAMPA COLLEGE ALUMNI ASSOCIATION, INC.					
Principal Place of Business 3012 U.S. HIGHWAY 301 NORTH SUITE 1000 TAMPA, FL 33619 US			Mailing Address 3012 U.S. HIGHWAY 301 NORTH SUITE 1000 TAMPA, FL 33619 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEIM, ALAN L 26168 WILLOW ST. BROOKSVILLE, FL 34601				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	BRAUN, ANDY				
STREET ADDRESS	2651 EXUMA WAY				
CITY-ST-ZIP	WINTER PARK, FL 32792				
TITLE	D <input type="checkbox"/> Delete				
NAME	WEIGAND, TERESA L.				
STREET ADDRESS	11201 122 AVE N #119-B				
CITY-ST-ZIP	LARGO, FL 33778				
TITLE	TD <input type="checkbox"/> Delete				
NAME	HEIM, ALAN				
STREET ADDRESS	26168 WILLOW STREET				
CITY-ST-ZIP	BROOKSVILLE, FL 34601				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	HAMILTON, DONALD				
STREET ADDRESS	924 WICKS DR				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
TITLE	D <input type="checkbox"/> Delete				
NAME	COX, ROBERT				
STREET ADDRESS	8843 VOLUNTEER DR				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	MOORE, DANIEL				
STREET ADDRESS	1313 MEDINAH CT.				
CITY-ST-ZIP	WINTER PARK, FL 32792				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GRIFFIN, JENNIFER				
STREET ADDRESS	117 MOUNTAIN DRIVE				
CITY-ST-ZIP	DABSON PARK, FL 33827				
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	TEETS, William				
STREET ADDRESS	5906 GUS STEWART ROAD				
CITY-ST-ZIP	LAKELAND, FL 33813				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Alan L. Heim</u> ALAN L. HEIM TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				JAN 14, 2004 <small>Date</small>	
				(352) 799-3741 <small>Daytime Phone #</small>	