

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18036

FILED
Apr 28, 2005
Secretary of State

Entity Name: URBAN FINANCIAL SERVICES COALITION, INC. - TAMPA BAY

Current Principal Place of Business:

P.O. BOX 1915
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1915
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2825011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMPS, S.M. DAVID III
501 E KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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: DV () Delete
Name: CAMPBELL, NICOLE
Address: 1500 S. DALE MABRY
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: MANER, C. MACHELLE
Address: 100 S. ASHLEY DR., STE 1000
City-St-Zip: TAMPA, FL 33602

Title: TS () Delete
Name: WILLIAMS, CHARNELL
Address: 2306 NEEDHAM DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: JONES, SUSAN
Address: 3800 CITIBANK CENTER BLDG 5 2ND FL
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: DYSON, ANGIE
Address: 1702 E 17 AVE
City-St-Zip: TAMPA, FL 33675

Title: V () Delete
Name: CARSWELL, ANTHONY
Address: 101 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change () Addition
Name: WIMBERLY, FRANCES
Address: PO BOX 5152
City-St-Zip: TAMPA, FL 33675

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

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 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: FRANCES A WIMBERLY

TREA

04/28/2005

Electronic Signature of Signing Officer or Director

Date