# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N20365

Apr 26, 2004 Secretary of State

Entity Name: TAMPA BAY CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4010 CYPRESS WILLOW CT TAMPA, FL 33614

**Current Mailing Address: New Mailing Address:** 

C/O THOMAS A. ROMAN P.O. BOX 21732 TAMPA, FL 33622 US

FEI Number: 59-2824939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORREMAN, ELAINE 4010 CYPRESS WILLOW CT TAMPA, FL 33614

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BALKCOM, CAROL BALKCOM, CAROL Name: Name:

302 KNIGHT RUN AVE., SUITE 100 Address: 302 KNIGHT RUN AVE., SUITE 100 Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: Title: ( ) Delete () Change () Addition

GRIEB, ROBERT Name: Name: Address: 500 N. WESTSHORE #700 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

DRESSEL, JEFFREY Name: DRESSEL, JEFFREY Name: 2002 N. LOIS AVE., #270 Address: Address: 111 2ND AVE. NE

City-St-Zip: TAMPA, FL 33607 City-St-Zip: ST. PETERSBURG, FL 33701

Title: ( ) Delete Title: (X) Change ( ) Addition

COLEMAN, ROBERT Name: KRIVONAK, MARK Name: 302 KNIGHTS RUN AVE., #1000 1511 N. WESTSHORE BLVD. Address: Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: (X) Change ( ) Addition

ALFORD, JAYNE ALFORD, JAYNE Name: Name:

5215 W. LAUREL #200 1511 N. WESTSHORE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: () Change () Addition

THAXTON, DUFFY Name: Name: Address: 2907 BAY TO BAY #102 Address: TAMPA, FL 33629 City-St-Zip: 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: ROB COLEMAN SEC 04/26/2004