

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23813

FILED
Feb 23, 2004
Secretary of State**Entity Name:** TAMPA BAY WILDLIFE FEDERATION, INC.**Current Principal Place of Business:**P O BOX 21412
TAMPA, FL 336228412**New Principal Place of Business:****Current Mailing Address:**P O BOX 21412
TAMPA, FL 336228412**New Mailing Address:**6240 105TH TERRACE NORTH
PINELLAS PARK, FL 33782 US**FEI Number:** 59-2885572**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALKER, CHARLES R JR
6240 105 TER NO
PINELLAS PARK, FL 33782**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: D () Delete
Name: THORNHILL, LARRY E.,
Address: 1104 BRISTOLWOOD ST
City-St-Zip: BRANDON, FL

Title: PD () Delete
Name: MILLAR, JODY
Address: 3823 SAN LUIS STREET
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: THORNHILL, SANDY
Address: 1104 BRISTOLWOOD ST
City-St-Zip: BRANDON, FL

Title: D () Delete
Name: BLAKE, WILLIAM SR.,
Address: P.O. BOX 9066 N/A
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: WALKER, CHARLES R.,
Address: 6240 105TH TERR NORTH
City-St-Zip: PINELLAS PARK, FL

Title: D () Delete
Name: GUNTER, BONNIE
Address: P O BOX 387
City-St-Zip: MANGO, FL 33550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES R. WALKER

TD

02/23/2004

Electronic Signature of Signing Officer or Director

Date