


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90057 047 \*\*\*\*61.25

<b>DOCUMENT # N24397</b> 1. Entity Name <b>EXCHANGE CLUB OF TAMPA, INC.</b>					
Principal Place of Business <b>P.O. BOX 10206 TAMPA, FL 33679-0206</b>			Mailing Address <b>P.O. BOX 10206 TAMPA, FL 33679-0206</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02102005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-6194131</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COOK, WARD 5025 HOMER AVENUE TAMPA, FL 33629</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COOK, WARD 5025 HOMER AVE TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M WARD COOK 5025 HOMER AVE TAMPA, FL 33629</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PERRY, BO P.O. BOX 10206 TAMPA, FL 336790206</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PERRY, BO (SAME)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD STICHTER, SCOTT P.O. BOX 10206 TAMPA, FL 336790206</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD STICHTER, SCOTT (SAME)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BAKER, PETER P.O. BOX 10206 TAMPA, FL 33679</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAKER, PETER (SAME)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NEIL McMULLEN PO BOX 10206 TAMPA, FL 33679</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:**

**WARD COOK**

**2/10/05**

**813-837-2773 XT.101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #