

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25123

FILED
Jun 12, 2005
Secretary of State

Entity Name: TRI-CITY CHAPTER OF NATIONAL AMBUCS, INC.

Current Principal Place of Business:

2113 POINICIANA TERR.
CLEARWATER, FL 33756 US

New Principal Place of Business:

2113 POINICIANA TERR.
CLEARWATER, FL 337601920 US

Current Mailing Address:

2113 POINICIANA TERR.
CLEARWATER, FL 33756 US

New Mailing Address:

2113 POINICIANA TERR.
CLEARWATER, FL 337601920 US

FEI Number: 59-3475158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREINAR, KIM
2113 POINICIANA TERR.
LARGO, FL 33770 US

Name and Address of New Registered Agent:

GREINER, JIM
2113 POINICIANA TERR.
CLEARWATER, FL 337601920 US

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: JIM GREINER

06/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOUNES, PAT
Address: 1194 PORTER DR
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: GREINER, JIM
Address: 2113 POINICIANA TERR
City-St-Zip: CLEARWATER, FL 33760

Title: T (X) Delete
Name: STROUD, BILL
Address: 1753 D-4 BELLAIRE FORREST DR
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: DAHLQUIST, BILL
Address: 3907 AMERICANA DR
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: GREENWOOD, RALPH
Address: 2381 NORTHRIDGE DR. E
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Delete
Name: PARRI, RAYMOND
Address: 10327 BAYHILLS DR
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: GREINER, JIM
Address: 2113 POINICIANA TERR
City-St-Zip: CLEARWATER, FL 33760

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: JIM GREINER

T

06/12/2005

Electronic Signature of Signing Officer or Director

Date