


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N28748
 1. Entity Name
CITY OF TAMPA RETIRED FIRE AND POLICE ASSOCIATION, INCORPORATED



Principal Place of Business 7110 N. FLORIDA AVE. P.O. BOX 280222 TAMPA, FL 33680-0222	Mailing Address P.O. BOX 280222 TAMPA, FL 33680-0222
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01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2966075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HUDSON, JAMES R
2906 W. CREST AVE.
TAMPA, FL 33614

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXEY, BUD 3333 SLIGH AVE. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCENT, LARRY 1102 SAMMY DR. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, JAMES R 2906 W. CREST AVE. TAMPA, FL 33614
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 01/15/04-80011-009 70.00

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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: James R. Hudson James R. Hudson 1-13-04 (813)8100203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #