


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28748**

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



Principal Place of Business      Mailing Address

7110 N. FLORIDA AVE.      P.O. BOX 280222  
 P.O. BOX 280222      TAMPA, FL 33680-0222  
 TAMPA, FL 33680-0222

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2966075      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JAMES R  
 2906 W. CREST AVE.  
 TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**

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 James R. Hudson Treasurer James R. Hudson      DATE 1-11-05

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, 2005**

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

79859  
 01/13/05-80036-012 61.25

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Treasurer James R. Hudson      Date 1-05      Daytime Phone # (813) 810-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR