2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # N28748 1. Entity Name CITY OF TAMPA RETIRED FIRE AND POLICE ASSOCIATION, INCORPORATED					01-23-2006 90046 045 ****61.25			
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 TAMPA, FL 33680-0222			2					
2. Principal Place of Business DDD X 2802-22 Suite, Apt. #, etc. 3. Meil Suite, Apt. #, etc.		3. Meiling Address Suite, Apt. #, etc.	Neiling Address PO Box 280222 Suite, Apf. #, etc.		01172006 Cha-NP CR2E037 (11/05)			
City & State	ampa P	Tampa Pl City & State		4. FEI Nun			oplied For	
Zip 3368	2022 Hilphorough	3682-0222	Country Hill bore us	1 - 0 - 0	te of Status Desired	\$8.75 Add		
	6. Name and Address of Corrent R		7. Name and Address of New Registered Agent					
HUDSON, JAMES R								
2906 W. CREST AVE. TAMPA, FL 33614				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	ie	
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 AND ROBBERT AND SIGNATURE Plansful Properties of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contrib				s codes no executive memoris (8)		DATE		
		9. Election Camp	paign Financing	_ \$5.00 Mar		lake check payable trida Department of S		
10.	Due by May 1, 2006 OFFICERS AND DIRE	Election Camp Trust Fund Co CTORS	paign Financing	\$5.00 May	es Flor		tate i 10	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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 chapter 617, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1-18-06 (813)810-0203