

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90394 003 ****61.25

DOCUMENT # N29827

1. Entity Name

TAMPA BAY CHAPTER-NATIONAL SPA & POOL
INSTITUTE INC.



Principal Place of Business

Mailing Address

PO BOX 15062
TAMPA FL 33684-5026

PO BOX 15062
TAMPA FL 33684-5026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6933797

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, ELEANOR
2347 FERN PLACE
TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNING, JAMES	
STREET ADDRESS	16537 LAKE BRIGADEN CIRCLE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGFORD, BARBARA	
STREET ADDRESS	1210 COMMUNITY PL	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZVIRBLIS, ANN	
STREET ADDRESS	305 DUQUE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEIGLER, JOYCE	
STREET ADDRESS	7252 ALAFIA RIDGE LOOP	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUIS, ANNIE	
STREET ADDRESS	2347 BENNETT ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Converse	
STREET ADDRESS	4605 Deerwalk Ave	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Annie Marquis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

Daytime Phone #