

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33962

FILED
Apr 22, 2004
Secretary of State**Entity Name:** TAMPA FOREIGN TRADE ZONE BOARD, INC.**Current Principal Place of Business:**615 CHANNELSIDE DR.
SUITE 108
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 420
TAMPA, FL 33601 US**New Mailing Address:****FEI Number:** 65-0156463**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STARFIRE, CHARLOTTE
615 CHANNELSIDE DR.
SUITE 108
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/CD () Delete
Name: SHUSTA, TIM
Address: 100 S. ASHLEY STREET, SUITE 1900
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FENTON, JEANETTE L.
Address: 306 EAST JACKSON ST.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: THORINGTON, JOHN,
Address: 1101 CHANNELSIDE DR.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: ELBE, GEORGE
Address: TAMPA INTERNATIONAL AIRPORT
City-St-Zip: TAMPA, FL

Title: V/D () Delete
Name: GRAY, GENE
Address: 601 E KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: S/D () Delete
Name: STARFIRE, CHARLOTTE L
Address: 615 CHANNELSIDE DR SUITE 108
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: CHARLOTTE L. STARFIRE

S/D

04/22/2004

Electronic Signature of Signing Officer or Director

Date