

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90032 007 \*\*\*\*61.25

**DOCUMENT # N40174**

1. Entity Name

TAMPA BAY BEACH BOPPERS, INC.



Principal Place of Business

P.O. BOX 270694  
TAMPA FL 33688  
US

Mailing Address

P.O. BOX 270694  
TAMPA FL 33688  
US

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

59-3025465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, LOUIS  
7907 N. ROME AVE.  
LAND O LAKES FL 34639

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, 2005**

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	1VPD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DEBRA	
STREET ADDRESS	11349 126 AVE N. APT A	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GATLIN, CHARLOTTE	
STREET ADDRESS	4744 CANTERBURY DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, NANCY	
STREET ADDRESS	2717 SAND HOLLOW COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, B.J.	
STREET ADDRESS	19222 WEGMOUFF DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANTANA, LOUIS C	
STREET ADDRESS	7907 N. ROME AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Lucas	
STREET ADDRESS	3219 W. Arch St	
CITY-ST-ZIP	Tampa FL 33601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE LABIANCA	
STREET ADDRESS	1200 Country Club Dr.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Griffiths	
STREET ADDRESS	4607 Fig St. Apt 101	
CITY-ST-ZIP	Tampa, FL 33609	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #