

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90005 017 *****70.00

DOCUMENT # N40987

1. Entity Name
BOYS AND GIRLS CLUBS OF TAMPA BAY FOUNDATION, INC.



Principal Place of Business
**3020 W LAUREL STREET
TAMPA, FL 33607 US**

Mailing Address
**3020 W. LAUREL ST
TAMPA, FL 33607**

44007534



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3049838

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

**OPFER, LEROY D
3020 W. LAUREL ST
TAMPA, FL 33607**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **BASHAM, BOB**
STREET ADDRESS **550 N REO STREET, #204**
CITY-ST-ZIP **TAMPA, FL**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **BOSSERT/METLIFE, JIM**
STREET ADDRESS **4100 WEST BOY SCOUT BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **ST** ☐ Change ☒ Addition
NAME **DEFOSSET, DONALD**
STREET ADDRESS **4211 W. BOY SCOUT BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☐ Delete
NAME **CAREY, TRUDY**
STREET ADDRESS **1602 COTTAGEWOOD DRIVE**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **OPFER, LEROY D**
STREET ADDRESS **3020 W LAUREL STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GARCIA, JOE**
STREET ADDRESS **101 E. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA, FL**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **RORECH, MAUREEN**
STREET ADDRESS **5012 LEMON ST.**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ 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 #

813-875-5771