


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N43608 1. Entity Name WORLD TRADE ASSOCIATION OF TAMPA BAY, INC. |  |
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| Principal Place of Business 1101 CHANNELSIDE DRIVE TAMPA, FL 33602 | Mailing Address 1101 CHANNELSIDE DRIVE TAMPA, FL 33602 |
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-NP CR2E037 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-3092928 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BIERLEY, JOHN C
100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000336953 04/27/05-80148-006 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCOO TONER, STEPHEN J 4205 SALTWATER BLVD. TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CTR BRONSON, THAYER A 2202 NORTH WESTSHORE BLVD. #150 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR PARKER, J. KENNETH 5148-31ST AVE SOUTH GULFPORT, FL 33707 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR SAMSON, BRUCE A 3203 BAYSHORE BLVD #602 TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST BIERLEY, JOHN C 5414 LYKES LANE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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: May 20 April 05 Daytime Phone #: 813 864-3000