

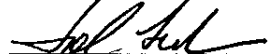
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90032 040 ****61.25

DOCUMENT # N46518			
1. Entity Name TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, INC.			
Principal Place of Business 3118 KENSINGTON AVENUE TAMPA FL 33629		Mailing Address 3118 KENSINGTON AVENUE TAMPA FL 33629	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LESTER, JOHN 3118 KENSINGTON AVENUE TAMPA FL 33629		7. Name and Address of New Registered Agent 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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, STEVEN M 1521 W COMANCHE AVENUE TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN W LYONS 4416 GENTRICE DR VALRICO FL 33594 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DAN 208 VIGIRINIA AVE. WEST TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN DAN 14906 ARBOR SPRINGS CIRCLE APT NO 201 TAMPA FL 33624 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTER, JOHN 3118 KENSINGTON AVENUE TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMOTHY W BROWN 910 PARSONS AVE BRADDOON FL 33510 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTON, ROBERT S. 4205 PRESERVE PLACE PALM HARBOR FL 34685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERCE, LESLIE 8038 GARDNER RD. TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWANSON, JENNIFER 1501 W RIVER SHORES WAY TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **JOHN LESTER** **3/3/04** **813-831-4869**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #