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	Mailing Address
3118 KENSINGTON AVENUE TAMPA FL 33629	3118 KENSINGTON AVENUE TAMPA FL 33629

MOORE CR2E037 (11/03)

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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P JOHN W LYONS 4416 GENTRICE DR VALRICO FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, DAN 208 VIGRINIA AVE. WEST TAMPA FL 33603	☐ Delete	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	P TIMOTHY M BROWN 916 PARSONS AVE BRANDON FL 33510	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WESTON, ROBERT S. 4205 PRESERVE PLACE PALM HARBOR FL 34685	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PIERCE, LESLIE 8038 GARDNER RD. TAMPA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWANSON, JENNIFER 1501 W RIVER SHORES WAY TAMPA FL 33603	☐ Delete		☐ 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 #