

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46518

FILED
Apr 07, 2005
Secretary of State

Entity Name: TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

3118 KENSINGTON AVENUE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3118 KENSINGTON AVENUE
TAMPA, FL 33629

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LESTER, JOHN
3118 KENSINGTON AVENUE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODS, STEVEN M
Address: 1521 W COMANCHE AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: SULLIVAN, DAN
Address: 14906 ARBOR SPRINGS CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: LESTER, JOHN,
Address: 3118 KENSINGTON AVENUE
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: LYONS, JOHN W
Address: 4416 GENTRICE DR
City-St-Zip: VALRICO, FL 33594

Title: V () Delete
Name: PIERCE, LESLIE
Address: 8038 GARDNER RD.
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: SWANSON, JENNIFER
Address: 1501 W RIVER SHORES WAY
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LONG, JEROLD E
Address: 414 ASHFORD DR
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: D (X) Change () Addition
Name: WESTON, ROBERT S
Address: 4205 PRESERVE PLACE
City-St-Zip: PALM HARBOR, FL 34685

Title: P (X) Change () Addition
Name: PIERCE, LESLIE
Address: 8038 GARDNER RD.
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LESTER

T

04/07/2005

Electronic Signature of Signing Officer or Director

Date