## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46518

FILED Apr 19, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

3118 KENSINGTON AVENUE TAMPA, FL 33629

**Current Mailing Address: New Mailing Address:** 

3118 KENSINGTON AVENUE TAMPA, FL 33629

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LESTER, JOHN 3118 KEŃSINGTON AVENUE TAMPA, FL 33629

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete LONG, JEROLD E Name: LONG, JEROLD E Name:

414 ASHFORD DR Address: 19012 1ST ST S.W. Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: LUTZ, FL 33511

Title: VCHM () Delete Title: **VCHM** (X) Change ( ) Addition SULLIVAN, DAN Name: SULLIVAN, DAN Name:

Address: 14906 ARBOR SPRINGS CIRCLE Address: 10203 COUTNEY PALMS BLVD. #204

City-St-Zip:

TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33619

Title: () Delete Title: TD (X) Change ( ) Addition LESTER, JOHN, LESTER, JOHN, Name: Name:

3118 KENSINGTON AVENUE 3118 KENSINGTON AVENUE Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete Title: D (X) Change ( ) Addition

Name: WESTON, ROBERT S Name: PAYNE, BILL 18815 ANNELIS DRIVE Address: 4205 PRESERVE PLACE Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: LUTZ, FL 33548

Title: CHMD () Delete Title: (X) Change ( ) Addition

PIERCE, LESLIE WACKERMAN, ED Name: Name: 8038 GARDNER RD. 4819 COLLINS RD Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33603

Title: () Delete Title: () Change () Addition

SWANSON, JENNIFER Name: Name: Address: 1501 W RIVER SHORES WAY Address: **TAMPA, FL 33603** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 TD 04/19/2006