


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 012 ****61.25

DOCUMENT # N93000001280	
1. Entity Name TAMPA BAY'S BRIDAL ASSOCIATION, INC.	

Principal Place of Business 5915 MEMORIAL HWY STE K TAMPA, FL 33615 US	Mailing Address 5915 MEMORIAL HWY STE K TAMPA, FL 33615 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08112004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3174096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REDER, RANDAL 1319 WEST FLETCHER AVE. TAMPA, FL 33612		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 _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PATRICIA A			NAME			
STREET ADDRESS	10201 LOVE MEADOW CT			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33615			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNOW, GREGORY L			NAME			
STREET ADDRESS	5415 MEMORIAL HWY., K			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33615			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARGOE, CATHLEEN			NAME	Deanne Fitzsimmons		
STREET ADDRESS	8003 DOWNING CIR			STREET ADDRESS	22034 HIDDEN OAK PL		
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	Land O'Lakes, FL 34639		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S Paula Hochman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STUART, ALLAN REV DR			NAME	2104 Brigadoon DR		
STREET ADDRESS	2103 DIAMOND CT			STREET ADDRESS	Clearwater, FL 33759		
CITY-ST-ZIP	OLDSMAR, FL 34677			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	D Linnea Hill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PULINO, PAT			NAME	PO Box 260665		
STREET ADDRESS	4001 W. KENNEDY BLVD			STREET ADDRESS	Tampa, FL 33685		
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	D Amanda Peloquin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAE, PATRICIA RAE			NAME	PO Box 260665		
STREET ADDRESS	27001 US HIGHWAY 19N			STREET ADDRESS	Tampa, FL 33685		
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP			

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	Daytime Phone #
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