2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90030 006 ****61.25

DOCUMENT # N93000001280

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

Principal Place of Business	Mailing Address
5915 MEMORIAL HWY STE K TAMPA, FL 33615 US	5915 MEMORIAL HWY STE K TAMPA, FL 33615 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3174096 ☐ Applied For ☐ Not Applicable

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

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

Filing Fee is $61.25
Due by May 1, 2005

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	P SNOW, GREGORY L 5415 MEMORIAL HWY., K TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Rev. Dr. Allan R. Stuart 2800 Swan Circle Dunedin, FL 34698	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X VP ARGOE, CATHLEEN 8003 DOWNING CIR TAMPA, FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Pat Pulido 12883 Citrus Plaza Dr. Tampa, FL 33625	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOCHMAN, PAULA 2104 BRIGADOAN DR CLEARWATER, FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D At Large Neil Collins 14928 N. Dale Mabry Tampa 33618	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HILL, LIANEC PO BOX 260665 TAMPA, FL 33685	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D At Large Don Juceam 2214 BRIANA DR BRANDON, FL 33511	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELOQUIN, AMANDA PO BOX 260665 TAMPA, FL 33685	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D At Large Bryan Lovell 101 Waterstone Plaza Tampa, FL 33709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #