


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90579 042 \*\*\*\*61.25

<b>DOCUMENT # N93000001428</b>					
<b>1. Entity Name</b> SEAHAWKS OF TAMPA BAY, INC.					
<b>Principal Place of Business</b> COLEMAN JR. HIGH SCHOOL P.O. BOX 13284 TAMPA, FL 33681-3284			<b>Mailing Address</b> COLEMAN JR. HIGH SCHOOL P.O. BOX 13284 TAMPA, FL 33681-3284		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3208265	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOURASSA, DANIEL C JR. 3111 FIELDER AVE. TAMPA, FL 33611			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> BOURASSA, DANIEL C JR. <b>STREET ADDRESS</b> 3111 FIELDER AVE. <b>CITY-ST-ZIP</b> TAMPA, FL 33611	<input type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Jan Ciy <b>STREET ADDRESS</b> 2609 N. Dundee St. <b>CITY-ST-ZIP</b> Tampa 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BROWN, JULIET E <b>STREET ADDRESS</b> 3325 S. MANHATTAN AVE. <b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input type="checkbox"/> Delete		<b>TITLE</b> Fund Raising Chair <b>NAME</b> Dawn Crabb <b>STREET ADDRESS</b> 2801 Pearl Ave <b>CITY-ST-ZIP</b> Tampa 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BOURASSA, SANDRA <b>STREET ADDRESS</b> 3111 FIELDER AVE <b>CITY-ST-ZIP</b> TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> SCHULZ, RICK <b>STREET ADDRESS</b> 3615 BELCHER DR <b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> KELLEY, LINDA <b>STREET ADDRESS</b> 4118 W. SAN LUIS <b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> CROOK, STUART <b>STREET ADDRESS</b> 4729 WALLACE AVE <b>CITY-ST-ZIP</b> TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Julie Brown</u>			4/14/05 (813) 836-2455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		