2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003417

Entity Name: NEW TAMPA COMMUNITY COUNCIL, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 46775 TAMPA, FL 33647 US **Current Mailing Address: New Mailing Address:** PO BOX 46775 TAMPA, FL 33647 US FEI Number: 59-3207454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAUGL, GEORGE C JR 8903 RÉGENTS PARK DR STE 110 TAMPA, FL 33647 US 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 NAGER, GARY Name: MARGARELLA, FRANK Name: 15345 AMBERLY DR. Address: 9405 WILLOS COVE COURT Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition Name: MARBARELLA, FRANK Name: LARISSA, LUNSFORD Address: 9405 WILLOW COVE COURT Address: 9412 AZALEA RIDGE CIRCLE City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: DTD () Delete Title: () Change () Addition PALMER, MATTHEW Name: Name: 4928 EBENSBURG DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: DFSD () Delete Title: () Change () Addition Name: WEINER, TODD Name: 14201 BRUCE B. DOWNS BLVD. #1 Address: Address: City-St-Zip: TAMPA, FL 33613 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: FRANK MARGARELLA DP 04/28/2004