


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001165**

1. Entity Name  
**TAMPA BAY DOWNS HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

11225 RACE TRACK RD      PO BOX 1768  
 OLDSMAR, FL 34677      OLDSMAR, FL 34677

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-3229458**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, ROBERT A  
 11225 RACETRACK RD.  
 OLDSMAR, FL 34677

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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 reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	JEFFRIES, ROBERT
STREET ADDRESS	8304 NESTING CT.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	READING, JOHN
STREET ADDRESS	107 EDGEWOOD CT.
CITY-ST-ZIP	OLDSMAR, FL
TITLE	D
NAME	LETART, JAMES
STREET ADDRESS	PO BOX 104
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VP
NAME	VANWORP, ROBERT
STREET ADDRESS	11225 RACETRACK RD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	ALEXANDER, BRUCE
STREET ADDRESS	11225 RACETRACK RD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	GUCIARDO, KATHLEEN
STREET ADDRESS	11225 RACETRACK RD
CITY-ST-ZIP	TAMPA, FL 33625

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert A. Jeffries      1/27/05      813 925-0192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #