

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001935

FILED
Apr 27, 2005
Secretary of State

Entity Name: TAMPA BAY PARTNERSHIP FOR REGIONAL ECONOMIC DEVELOPMENT, INC.

Current Principal Place of Business:

4300 CYPRESS ST
STE 250
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4300 W CYPRESS ST
STE 250
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3248071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROGEL, STUART L
4300 W CYPRESS ST
STE 250
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: ROGEL, STUART L
Address: 4300 W CYPRESS ST STE 250
City-St-Zip: TAMPA, FL 33607

Title: CD () Delete
Name: MAHURIN, DANIEL W
Address: 4300 W. CYPRESS STREET, SUITE 250
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HABERMEYER, WILLIAM
Address: 4300 W CYPRESS STREET, SUITE 250
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: MITCHELL, DEWEY
Address: 4300 W CYPRESS STREET, STE 250
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: HABERMEYER, WILLIAM
Address: 4300 W. CYPRESS STREET, SUITE 250
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: MITCHELL, DEWEY
Address: 4300 W CYPRESS STREET, SUITE 250
City-St-Zip: TAMPA, FL 33607

Title: STD (X) Change () Addition
Name: GENSHAFT, JUDY
Address: 4300 W CYPRESS STREET, STE 250
City-St-Zip: TAMPA, FL 33607

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: STUART L ROGEL

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date