

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90052 034 \*\*\*\*61.25



**DOCUMENT # N94000002175**  
 1. Entity Name  
**TAMPA BAY FLORIDA UNIT WBCCI, INC.**

Principal Place of Business Mailing Address  
**6411 MORNAY DR 6411 MORNAY DR**  
**TAMPA FL 33615-3425 TAMPA FL 33615-3425**  
**US US**

94009306



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-6212215** Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**SHIRES, JANET**  
**6411 MORNAY DR**  
**TAMPA FL 33615-3425**

**7. Name and Address of New Registered Agent**  
 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 reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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**

TITLE	SHIRES, JANET	<input type="checkbox"/> Delete
NAME	6411 MORNAY DR	
STREET ADDRESS	TAMPA FL 33615-3425	
CITY-ST-ZIP		
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, ROBERT	
STREET ADDRESS	2092 CULBREATH RD, #C-12	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALLEN, CAROL	
STREET ADDRESS	3449 TALLEY RIDGE DR	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	PE	<input type="checkbox"/> Delete
NAME	KELLER, DAVE	
STREET ADDRESS	1456 DOLPHIN ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, PAT	
STREET ADDRESS	6944 SOUTH SHORE DR S	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, JIM	
STREET ADDRESS	10000 US 98 N #603	
CITY-ST-ZIP	LAKELAND FL 33809	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Corr. SECRETARY.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Kirchenstiner	
STREET ADDRESS	4914 Bradford Lane	
CITY-ST-ZIP	Tampa FL 33624	
TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waller, Carol	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Keller	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK SMOIK	
STREET ADDRESS	118 Robert James Dr	
CITY-ST-ZIP	VALrico, FL 33594	
TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim McCollough	
STREET ADDRESS	Same	
CITY-ST-ZIP		

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:** Janet Shires **1/29/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #