
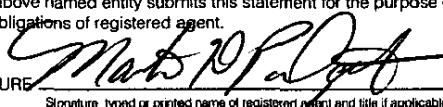
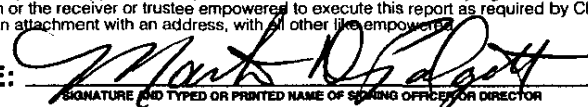


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 025 ****61.25

DOCUMENT # N94000002948 1. Entity Name THE CENTER OF TAMPA, INC.					
Principal Place of Business 3708 WEST SWANN AVENUE TAMPA, FL 33609 US			Mailing Address 1222 S DALE MABRY HWY PRIVATE MAILBOX #350 TAMPA, FL 33629 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3249057				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADGETT, MARTIN D 15928 NOTTINGHILL DR LUTZ, FL 33548				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 		MARTIN D. PADGETT		DATE 1-27-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPER, JAMES W 3325 BAYSHORE BLVD E-16 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Person Linden, Craig P. O. Box 172365 Tampa, FL 33672	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRD, O. KIM 952 WINDING OAKS DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Murray, Brandon 5102 Tampa St. N Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILSON 2104 W TWO LAKES ROAD TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Harper, James 3325 Bayshore Blvd. E-16 Tampa, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADGETT, MARTIN D 15928 NOTTINGHILL DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Murray, Hurb 2042 San Marino Way S. Clearwater, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, TRACY 4926 CAMELLIA WAYS SAINT PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Murray, Hurb 2042 San Marino Way S. Clearwater, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, TRACY 4926 CAMELLIA WAYS SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Murray, Hurb 2042 San Marino Way S. Clearwater, FL 33763	
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 empowerments.					
SIGNATURE: 		MARTIN D. PADGETT		DATE 1-27-04	