2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90292 050 ****61.25

DOCUMENT # N95000000120

1. Entity Name
FOR THE CHILDREN OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1611 WEST PLATT STREET TAMPA, FL 33606	1611 WEST PLATT STREET TAMPA, FL 33606

04192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
502 N. ARMENIA AVE	502 N. ARMENIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number 59-3371400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOEHLER, KEITH W. 1611 WEST PLATT STREET TAMPA, FL 33606	Name: KEITH W. KOEHLER Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered of... niliar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT KOEHLER, KEITH 1611 WEST PLATT STREET TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 502 N. ARMENIA AVE TAMPA FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLIAMS, DONNA H PH.D. 1611 WEST PLATT STREET TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 502 N. ARMENIA AVE TAMPA FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEHLER, MEGAN 1611 W. PLATT ST. TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 502 N. ARMENIA AVE. TAMPA FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #