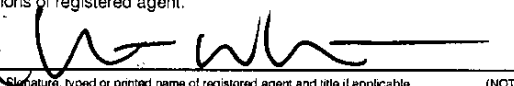
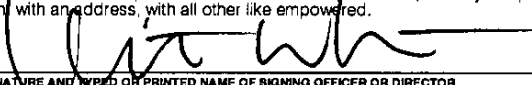


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1611 WEST PLATT STREET TAMPA, FL 33606				Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606	
2. Principal Place of Business 502 N. ARMENIA AVE		3. Mailing Address 502 N. ARMENIA AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04192005 Chg-NP CR2E037 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3371400	
Zip 33609		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH W. 1611 WEST PLATT STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent KEITH W. KOEHLER Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609	
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.				Similar with, and accept	
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					
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	DV WILLIAMS, DONNA H PH.D. 1611 WEST PLATT STREET TAMPA, FL 33606	☐ Delete			
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		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 N. ARMENIA AVE TAMPA FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 N. ARMENIA AVE TAMPA FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 N. ARMENIA AVE. TAMPA FL 33609	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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:  4/20/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					