

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004553

1. Entity Name
SPIRIT OF TAMPA BAY BOYS BASKETBALL CLUB, INC.



Principal Place of Business
4404 MCELROY AVENUE
TAMPA, FL 33611

Mailing Address
4404 MCELROY AVENUE
TAMPA, FL 33611



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3344187

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, CHARLES G
4404 MCELROY AVENUE
TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, GREG J
4515 SAN RAFAEL
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARSONS, THOMAS B
5521 HANLEY RD.
TAMPA, FL 336344903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, CHARLES G
4404 MCELROY AVE
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000024123
02/02/04-80052-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Charles G Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27th 2004 813379418
Date Daytime Phone #