



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90023 023 \*\*\*\*61.25

<b>DOCUMENT # N96000000055</b>					
<b>1. Entity Name</b> FEDERAL BAR ASSOCIATION, TAMPA BAY CHAPTER, INCORPORATED					
<b>Principal Place of Business</b> LAW OFFICE OF ED SUAREZ 1011 W CLEVELAND ST TAMPA, FL 33606			<b>Mailing Address</b> LAW OFFICE OF ED SUAREZ 1011 W CLEVELAND ST TAMPA, FL 33606		
<b>2. Principal Place of Business</b> 501 E. Kennedy Blvd. Suite, Apt. #, etc. Ste 1700 City & State Tampa, FL Zip 33602		<b>3. Mailing Address</b> 501 E. Kennedy Blvd. Suite, Apt. #, etc. Ste 1700 City & State Tampa, FL Zip 33602			
07102006    Chg-NP    CR2E037 (4/06)		<b>4. FEI Number</b> 59-3372923		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> SUAREZ, EDDIE 1011 W CLEVELAND ST TAMPA, FL 33606			
<b>7. Name and Address of New Registered Agent</b> Name: Katherine C. Lake Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd., Ste 1700 City: Tampa    FL    Zip Code: 33602		<b>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.</b> SIGNATURE: <u>Katherine C. Lake</u> DATE: <u>7/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete LAKE, KATHERINE PO BOX 1438 TAMPA, FL 336011438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete KIMBRO, BRAD C/O HOLLAND & KNIGHT, P.O. BOX 1288 TAMPA, FL 336011288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete ALBRITTON, BRIAN C/O HOLLAND & KNIGHT PO BOX 1288 TAMPA, FL 336011288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete NAPPER, KEVIN ONE HARBOUR PLACE TAMPA, FL 33601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SUAREZ, EDDIE A 1011 W CLEVELAND ST TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S John F. Johnson P.O. Box 1102 Tampa, FL 33601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Katherine C. Lake</u> DATE: <u>7/12/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					