

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001724

FILED
Apr 18, 2005
Secretary of State

Entity Name: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 58-2048104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOY, R. CRAIG
Address: 1777 ST PAULS DR
City-St-Zip: CLEARWATER, FL 34624

Title: SD (X) Delete
Name: DINGLEDINE, DENNIS
Address: 4300 W. CYPRESS ST, STE. 600
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: FARRIOR, JAMES
Address: 258 S.E. US HIGHWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete
Name: OGLE, BRUCE
Address: 4300 W. CYPRESS ST. #600
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG R JOY

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date