

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001886

FILED
May 25, 2005
Secretary of State

Entity Name: BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA BAY CHAPTER, INCORPORATED

Current Principal Place of Business:

P.O. BOX 290355
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290355
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3234751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOZON, LESLIE
4348 REDCOAT DRIVE
WESLEY CHAPEL, FL 33543 US

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: P () Delete
Name: MOZON, LESLIE
Address: 4348 REDCOAT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33647

Title: V () Delete
Name: JONES, MILTON
Address: 17622 NATHANS DRIVE
City-St-Zip: TAMPA, FL 33549

Title: T () Delete
Name: CLAXTON, MENDEL
Address: 2201 GARNELAND DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MOORE, ERNEST
Address: 10003 KATIE COURT
City-St-Zip: TAMPA, FL 33647

Title: V (X) Delete
Name: BRADLEY, TWANDA
Address: 7927 PINE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: V (X) Delete
Name: O'BRYANT, MANNY
Address: 1503 FOX HILL PLACE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: JONES, MILTON
Address: 17622 NATHANS DRIVE
City-St-Zip: TAMPA, FL 33549

Title: V (X) Change () Addition
Name: BRADLEY, TWANDA
Address: 7927 PINE DRIVE
City-St-Zip: TAMPA, FL 33637

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: LESLIE A. MOZON

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date