2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # N9600004027 1. Entity Name TAMPA POLICE MEMORIAL FUND COMMITTEE, INC.								03-23-2	2006 900	004 02	31 ****	70.00	
411 N FRANKLIN ST ONE POLICE CENTER TAMPA, FL 33602			P 0 8	Mailing Address P 0 B0X 172995 TAMPA, FL 33672									
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					03072006 Chg-NP CR2E037 (11/05)						
City & State		City & State .				4. FEI Number 59-3397263					_ 	oplied For ot Applicable	
Zip Country		Zip	Zip C		ountry		5. Certificate	of Status Desi	red 🗀		8.75 Add se Require		
	6. Name	and Address of Current	Registere	d Agent			-	7. Name and	Address of N	ew Registe	ered Ag	ent	
CTUUL D						Name							
STULL, R						Street A	ddress (P.O. Box Numbe	r is Not Accer	ntahle)			
602 SOUTH BLVD TAMPA, FL 33606						SueerA	00.000 (.O. Box (valide	13 1401 7000)	, , , , , , , , , , , , , , , , , , ,			
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9 The chave	samed notice	y submits this statement for	tha aa	and of abanding its	ro ointor	ad affina a	· · · · · · · · · · · · · · · · · · ·	ad agest, or bet	h in the State			milior with	and accept
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SIGNATURE .										٠			
SIGNATORE :	Signature, typed	or printed name of registered agent	and title il app	licable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)			ATE		
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	-			9. Election Car Trust Fund (<u> </u>	\$5.00 May B	9	Make o		payable to nent of St	
10.	-		RECTORS	Trust Fund (0	\$5.00 May B		Florida D	epartn	nent of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, 411 N FR	May 1, 2006	RECTORS	Trust Fund (11. TITL NAM STRI	ion.	0	\$5.00 May Boundary Added to Fees		Florida D	epartn	nent of S	tate
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12. Thereby certify that the information supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the linchination indicated on this report or supplemental report is true and accurate another 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

3/8/06 274-379