

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004027**

1. Entity Name  
**TAMPA POLICE MEMORIAL FUND COMMITTEE, INC.**



Principal Place of Business  
**411 N FRANKLIN ST  
ONE POLICE CENTER  
TAMPA, FL 33602**

Mailing Address  
**P O BOX 172995  
TAMPA, FL 33672**



03152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3397263**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STULL, R J  
602 SOUTH BLVD  
TAMPA, FL 33606**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WRIGHT, GILBERTINA
STREET ADDRESS	411 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD
NAME	MCNAMARA, GEORGE
STREET ADDRESS	411 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD
NAME	STEPHENSON, RUTH
STREET ADDRESS	411 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	2V
NAME	BATISTA, ROBERTO
STREET ADDRESS	411 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	S
NAME	WILKS, JEFFREY
STREET ADDRESS	411 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	HC
NAME	SYKES, JOHN
STREET ADDRESS	100 N TAMPA ST STE 3900
CITY-ST-ZIP	TAMPA, FL 33602

000000678415  
04/02/07-80033-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

SIGNATURE: \_\_\_\_\_

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

*Ruth Stephenson*  
**Ruth Stephenson**

*3-15-2007 (813) 276-3606*