

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90364 012 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3397263	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STULL, R J 602 SOUTH BLVD TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WRIGHT, GILBERTINA STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE PD NAME WILLIAM FERGUSON STREET ADDRESS 111 N. FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MCNAMARA, GEORGE STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE TD NAME SUSAN DELAGE STREET ADDRESS 411 N. FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME STEPHENSON, RUTH STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE VD NAME Ruth Stephenson STREET ADDRESS 411 N. FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 2V NAME BATISTA, ROBERTO STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WILKS, JEFFREY STREET ADDRESS 411 N FRANKLIN ST CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE HC NAME SYKES, JOHN STREET ADDRESS 100 N TAMPA ST STE 3900 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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: <u>Ruth Stephenson</u>			Ruth Stephenson		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-25-08 Daytime Phone #: (813) 927-1770		