


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N96000005437</b><br>1. Entity Name<br><b>TAMPA BAY PARTNERSHIP REGIONAL RESEARCH AND<br/>EDUCATION FOUNDATION, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4300 W. CYPRESS STREET<br/>SUITE 250<br/>TAMPA, FL 33607</b> | Mailing Address<br><b>4300 W. CYPRESS STREET<br/>SUITE 250<br/>TAMPA, FL 33607</b> |
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03142007 No Chg-NP CR2E037 (4/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3414776</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ROGEL, STUART L<br/>4300 W CYPRESS ST<br/>STE 250<br/>TAMPA, FL 33607</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAHURIN, DANIEL W<br>4300 W. CYPRESS STREET, SUITE 250<br>TAMPA, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARNOLD, LEE E<br>4300 W. CYPRESS STREET, SUITE 250<br>TAMPA, FL 33607     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ROGEL, STUART L<br>4300 W. CYPRESS STREET, SUITE 250<br>TAMPA, FL 33607  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/29/07-80012-006 61.25

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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 empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/07**  
Date

**813-878-2208**  
Daytime Phone #