


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90189 037 ****61.25

DOCUMENT # N96000005776

1. Entity Name
NORTH BON AIR NEIGHBORHOOD, INC.



Principal Place of Business
**3817 NORTH A STREET, WEST
TAMPA FL 33609-2702**

Mailing Address
**3817 NORTH A STREET, WEST
TAMPA FL 33609-2702**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'DONOGHUE, J E SR.
3915 FIG STREET, WEST
TAMPA FL 33609-1219

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

4. FEI Number **59-3411395** Applied For Not Applicable

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *J. E. O'Donoghue Sr.* DATE **2/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, EDNA	
STREET ADDRESS	3817 NORTH A STREET, WEST	
CITY-ST-ZIP	TAMPA, FL 33609-2702	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONOGHUE, J E SR.	
STREET ADDRESS	3915 FIG STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, HELEN	
STREET ADDRESS	3920 CARMEN STREET WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINK, CHARLES W	
STREET ADDRESS	3919 NORTH B STREET WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMASO, MICHAEL J	
STREET ADDRESS	3913 FIG STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Edna Patrick, President* DATE: **2/21/03** (813) 877-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

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Attachment file
90034814

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TAMPA FL 33609-2702**

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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City

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Bank of America
Order of Florida Department of State
Edna A. Patrick
3817 N. A. St., P.O. Box 1813
Tampa, FL 33609
Date: 2/21/03
\$61.25
Bank of America Advantage

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edna A. Patrick, President*