2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# N96000005959

Entity Name: TAMPA BAY RAYS OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3481285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, JOHN P
TROPICANA FIELD
ONE TROPICANA DRIVE
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CPD	( ) Delete
Name:	NAIMOLI, VINCENT J	
Address:	ONE TROPICANA DRIVE	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	VD	(X) Delete
Name:	LAMAR, CHARLES G	
Address:	ONE TROPICANA DRIVE	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	VST	( ) Delete
Name:	HIGGINS, JOHN P	
Address:	ONE TROPICANA DRIVE	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	V	(X) Delete
Name:	CRIPPEN, RICHARD	
Address:	ONE TROPICANA DR	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	V	(X) Delete
Name:	VAUGHN, RICHARD	
Address:	ONE TROPICANA DR	
City-St-Zip:	SAINT PETERSBURG, FL 33705	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. HIGGINS VP 02/10/2005

Electronic Signature of Signing Officer or Director — Date