


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 029 ****61.25

DOCUMENT # N96000006551	
1. Entity Name FRIENDS OF TPD, INC.	

Principal Place of Business 100 S. ASHLEY DR STE 1650 TAMPA, FL 33602	Mailing Address 100 S. ASHLEY DR STE 1650 TAMPA, FL 33602
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34064142



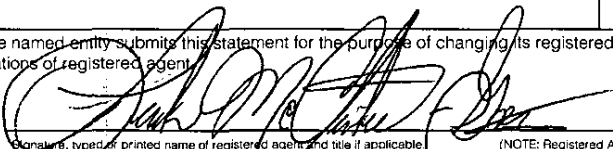
2. Principal Place of Business 411 N. Franklin St. Suite, Apt. #, etc. 10th FLOOR City & State Tampa, FL Zip 33602	3. Mailing Address P.O. Box 1826 Suite, Apt. #, etc. Tampa City & State Tampa, FL Zip 33601
Country US	Country US

05202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3419131	Applied For Not Applicable
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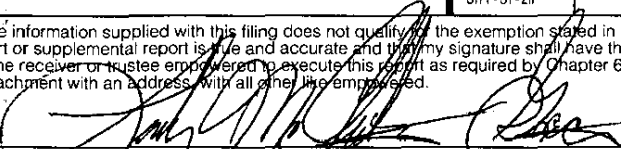
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYWARD, SUSAN C/O PNC, CPA'S 100 S. ASHLEY DR #1650 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Dr. Linda McClintock Greco Street Address (P.O. Box Number is Not Acceptable) 1108 Abbey's Way City Tampa FL Zip Code 33602
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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 7/15/2004
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Filing Fee is \$61.25 Due by September 8, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWORTH, JUDY 3401 W. KENNEDY BLVD #161 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYWARD, SUSAN 100 S. ASHLEY DR #1650 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLINTOCK-GRECO, LINDA DR 1108 ABBEY'S WAY TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENSEN, CONWAY 100 N. TAMPA STREET #3900 TAMPA, FL 336025089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 employees.	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 7/15/2004 Daytime Phone #
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