

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 22, 2005
Secretary of State

DOCUMENT# N97000000262

Entity Name: MINORITY ENTERPRISE DEVELOPMENT CORPORATION OF TAMPA BAY, INC.**Current Principal Place of Business:**1101 CHANNELSIDE DRIVE, #210
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**1101 CHANNELSIDE DRIVE, #210
TAMPA, FL 33602**New Mailing Address:****FEI Number:** 59-3421408**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HURST, IRENE
1101 CHANNELSIDE DR.
SUITE 210
TAMPA, FL 33602 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:** D () Delete
Name: MANER, MACHELLE
Address: 100 SO ASHLEY STE 1000
City-St-Zip: TAMPA, FL 33602**Title:** TD () Delete
Name: HURST, IRENE
Address: 1101 CHANNELSIDE DR. STE 210
City-St-Zip: TAMPA, FL 33602**Title:** D () Delete
Name: WIMBERLY, FRANCES
Address: 2105 NORTH NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33602**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** D () Change (X) Addition
Name: DARRELL, LYNETTE
Address: P.O. BOX 111
City-St-Zip: TAMPA, FL 33601**Title:** D () Change (X) Addition
Name: JOHNSON, CYNTHIA
Address: 13805 58TH STREET N. SUITE 1-200
City-St-Zip: CLEARWATER, FL 33760

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: FRANCES WIMBERLY

D

06/22/2005

Electronic Signature of Signing Officer or Director

Date