

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90008 019 ****61.25

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1. Entity Name

POSITIVE IMAGE COMMITTEE, INC.



Principal Place of Business

**3202 N. JEFFERSON STREET
TAMPA, FL 33603**

Mailing Address

**3202 N. JEFFERSON STREET
TAMPA, FL 33603**

54062732



07082004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-3478070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNIGHT, MARVIN R
3202 N JEFFERSON STREET
TAMPA, FL 33603**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KNIGHT, MARVIN R
STREET ADDRESS 3203 N JEFFERSON STREET
CITY-ST-ZIP TAMPA, FL 33603

TITLE VPD
NAME PALMER, DARRELL T
STREET ADDRESS 12317 LANGSHANE DRIVE
CITY-ST-ZIP TAMPA, FL 33592

TITLE S
NAME FORWARD, CYNTHIA M
STREET ADDRESS 19501 COACHLIGHT WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE T
NAME PALMER, DARRELL T
STREET ADDRESS 12317 LANGSHANE DR
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE PA
NAME BRADLEY, TWANDA E
STREET ADDRESS 7927 PINE DRIVE
CITY-ST-ZIP TAMPA, FL 33637

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 the 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

7/13/04
Date

813-878-3812
Daytime Phone #