

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001333

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: TAMPA BAY DOMINICA ASSOCIATION INC.

## Current Principal Place of Business:

1506 EAST BEARSS AVENUE  
SUITE #2  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

1506 EAST BEARSS AVENUE  
SUITE #2  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 59-3435533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCK, GLORIA  
1506 E BEARSS AVENUE  
SUITE #2  
LUTZ, FL 33549 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: TD ( ) Delete  
Name: ABEL, HERMAN W  
Address: 7303 MONTEREY BLVD.  
City-St-Zip: TAMPA, FL 33625

Title: SD ( ) Delete  
Name: BELSUJET, EUTHELIE  
Address: 12410 SPICER PL APT K  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: WILLIAMS, PHOEBE  
Address: 4006 E REGNAS AVENUE  
City-St-Zip: TAMPA, FL 33617

Title: P ( ) Delete  
Name: BELSUJET, EDWARD  
Address: 12410 SPICER PL APT K  
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete  
Name: PRINCE, MARIA  
Address: 1506 EAST BEARSS AVENUE  
City-St-Zip: LUTZ, FL 33549

Title: PRO ( ) Delete  
Name: LOUIS, JOSEPH A  
Address: 10441 SOARING EAGLE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

## 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:

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: HERMAN WINSTON ABEL

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date