2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005312

Title:

Name:

Address:

City-St-Zip:

FILED Jan 30, 2006 Secretary of State

Entity Nan	ne: SOMEBO	DY CARES TAMPA BAY, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
100 S OLD COACHMAN RD CLEARWATER, FL 33765				2140 RANGE ROAD, UNIT A CLEARWATER, FL 33765	
Current Ma	ailing Addres	s:	New Mailing Addres	s:	
P.O. BOX 4 CLEARWA	1486 TER, FL 3375	58			
FEI Number:	59-3470531	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	HOMAS SON BROWN BOR, FL 346				
The above in the State		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BERNARD, DAN 2069 PLATEAU CLEARWATER	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOZNIAK, VIN	RIER BLVD. UNIT 15	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AZZARELLI, BA 6320 E 112TH / TEMPLE TERR	\VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WELCH, THOM 4885 PARSON PALM HARBOR	BROWN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS WELCH 01/30/2006 D

() Delete

JAEGER, ROY J

2825 FAIRWAY VIEW DR

VALRICO, FL 33594

() Change () Addition