

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

DOCUMENT# N98000003201

**FILED**  
**Jul 04, 2004**  
**Secretary of State****Entity Name:** TAMPA BAY REGIONAL DISASTER NETWORK, INC.**Current Principal Place of Business:**11103 SUN TREE RD  
HUDSON, FL 34667**New Principal Place of Business:****Current Mailing Address:**11103 SUN TREE RD  
HUDSON, FL 34667**New Mailing Address:****FEI Number:** 59-3515850**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KALOGIANIS, CHUCK  
4821 US HIGHWAY 19  
SUITE 3  
NEW PORT RICHEY, FL 34652 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:** PD ( ) Delete  
**Name:** WEGNER, RONALD A ARNP  
**Address:** 11103 SUN TREE RD  
**City-St-Zip:** HUDSON, FL 34667**Title:** VD ( ) Delete  
**Name:** BRAZIL, MAURICE ARNP  
**Address:** 11103 SUN TREE RD  
**City-St-Zip:** HUDSON, FL 34667**Title:** STD ( ) Delete  
**Name:** WRONA, NORM EMT-P  
**Address:** 11103 SUN TREE RD  
**City-St-Zip:** HUDSON, FL 34667**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:**

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: RONALD A WEGNER

CEO

07/04/2004

Electronic Signature of Signing Officer or Director

Date