

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004788

1. Entity Name
SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.



Principal Place of Business
**6100 NEBRASKA AVE
TAMPA, FL 33604**

Mailing Address
**6100 NEBRASKA AVE
TAMPA, FL 33604**



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1667093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**CRAFT, JEFFERSON W
6100 NEBRASKA AVE
TAMPA, FL 33604**

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRAFT, JEFFERSON W
STREET ADDRESS	6100 NEBRASKA AVE N
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	MYERS, PHILIP
STREET ADDRESS	5601 N FLORIDA AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	HANES, CHRYS
STREET ADDRESS	6308 N FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000439814
03/02/06-80015-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

2/17/06 (813) 239-1173
Daytime Phone #