

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 011 ****61.25

DOCUMENT # N98000005878					
1. Entity Name GREATER TAMPA BAY CHAPTER OF ACP CORPORATION					
Principal Place of Business P.O. BOX 17761 CLEARWATER, FL 33762			Mailing Address P.O. BOX 17761 CLEARWATER, FL 33762		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3547298	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOCK, JERRY B 11601 ROOSEVELT BLVD MAIL STOP TA-30 SAINT PETERSBURG, FL 33716				Name <u>BOCK, JERRY B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>888 CARILLON PRKWAY</u> City <u>ST. PETERSBURG</u> FL <u>33716</u> Zip Code	
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 <u>K Jerry B Bock</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-18-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BOCK, JERRY B	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 888 CARILLON PARKWAY	CITY-ST-ZIP ST PETERSBURG, FL 33716		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME BABCOCK, WILLIAM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4801 ULMERTON ROAD	CITY-ST-ZIP CLEARWATER, FL 33762		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME STEVENS, WENDI	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11515 53RD STREET	CITY-ST-ZIP NORTH CLEARWATER, FL 337800388		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME ANDERSON, ALLAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11601 ROOSEVELT BLVD.	CITY-ST-ZIP ST PETERSBURG, FL 33716		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME BROWN, DENISE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 880 CARILLON PARKWAY	CITY-ST-ZIP SAINT PETERSBURG, FL 33716		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME PROVANSANO, LINDA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5350 TECH DATA DRIVE	CITY-ST-ZIP CLEARWATER, FL 33760		STREET ADDRESS	CITY-ST-ZIP	
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 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: <u>William G. Babcock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/18/05</u> Daytime Phone # <u>727-572-7076 X102</u>	

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