2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90121 022 ****61.25

DOCUMENT # N99000001573

1. Entity Name

TAMPA INTERBAY ROTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 172486 TAMPA FL 33672-2486	P.O. BOX 172486 TAMPA FL 33672-2486

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3568149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARLESS, HUGH 3713 DALE AVE. TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WESSMAN, JAMES W 4502 WATROUS AVENUE TAMPA FL 33629	☒ Delete	P Franzese, Kevin11441 Cypress Reserve Dr. Tampa, FL 33626	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOWE, CHARLES K 501 E. BAY DRIVE #303 LARGO FL 33-7706	☒ Delete	VP Wessman, James W. 4502 Watrous Avenue Tampa, FL 33629	X☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSET, MARGARET 2019 S. CAROLINA AVENUE TAMPA FL 33629	☒ Delete	VP Roset, Margaret 2019 S. Carolina Avenue Tampa, FL 33629	X☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, CATHERINE M 5333 SOUTHWICK DR. TAMPA FL 33624	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGT ELBE, GEORGE 13300 INDIAN ROCKS RD.,UNIT 1704 LARGO FL 33774	XX Delete	SGT Elbe, George 13300 Indian Rocks Rd., Unit 1704 Largo, FL 33774	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE FRANZESE, KEVIN 11441 CYPRESS RESERVE DR. TAMPA FL 33626	☒ Delete	PE Jones, David 3004 San Isidro Tampa, FL 33629	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Kevin Franzese 2-8-06 813-416-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number