

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005675

1. Entity Name
TAMPA BAY REGIONAL CRITICAL INCIDENT TEAM, INC.



Principal Place of Business
**1502 W BUSCH BLVD STE F
TAMPA, FL 33612 US**

Mailing Address
**1502 W BUSCH BLVD STE F
TAMPA, FL 33612 US**



04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITNEY, SUSAN
1502 W BUSCH BLVD STE F
TAMPA, FL 33612**

**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]*
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when renewing)

4/14/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000122861

04/21/04-80047-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, TIFFANY 116 S 34TH ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOBLEY, ROBERT 2008 E 8TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, MEG 4202 E FOWLER AVE UPB002 DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIMMER, LARRY 411 N FRANKLIN ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COHEN, MARTIN DR. 12108 N. 56TH STREET, SUITE F TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD WHITNEY, SUSAN 1502 W. BUSCH BLVD., STE F TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 address, with all other like empowered.

SIGNATURE: *[Signature]* **LARRY TIMMER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 (813)
Daytime Phone # **245-1502**