

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716626

FILED
Apr 13, 2009
Secretary of State

Entity Name: SERVE, INC.

Current Principal Place of Business:

3111 TAMPA BAY BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 TAMPA BAY BLVD.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1270557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUHITE, RUSSELL S
FOWLER, WHITE, ET AL.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 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: BARROW, PATTI
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33680

Title: TD () Delete
Name: CLEVELAND, JOEL
Address: 3031 ROCKY POINT DR. W, 2ND FLOOR
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: REED, WALTER
Address: 702 N. FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: PEDRERO, VELIA
Address: 901 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: ED () Delete
Name: HOUCHEN, DONNA C
Address: 16013 CHASTAIN RD
City-St-Zip: ODESSA, FL 33556

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARROW, PATTI
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33680

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FULLERTON, MARY ANN
Address: 10420 HIGHLAND MANOR DRIVE, 5TH FLOOR
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JINKS, JEFF
Address: 7650 W. COURTNEY CAMBELL CAUSEWAY
City-St-Zip: TAMPA, FL 33607

Title: ED () Change (X) Addition
Name: HOUCHEN, DONNA C
Address: 16013 CHASTAIN RD
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNA. C. HOUCHEN

MRS

04/13/2009

Electronic Signature of Signing Officer or Director

Date