

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734830

FILED
Jun 25, 2009
Secretary of State

Entity Name: CANTERBURY TOWERS, INC.

Current Principal Place of Business:

3501 BAYSHORE BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3501 BAYSHORE BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-1782481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOGGS, JACKSON E
501 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: DT () Delete
Name: WOOD, PARKER C
Address: 3501 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SMITH, SYLVIA
Address: 5018 THE RIVERA
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: TAPLEY, JOHN
Address: 315 E. MADISON
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: BOGGS, JACKSON E
Address: 501 E KENNEDY BLVD
City-St-Zip: TAMPA, FL

Title: RS () Delete
Name: SHOBE, DAVID
Address: PO BOX 1438
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: CONNER, DOUGLAS B.
Address: 4906 SAINT CROIX DRIVE
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CARIDAD VINAS

ED

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date