

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738633

FILED
Apr 26, 2007
Secretary of State

Entity Name: TAMPA METROPOLITAN AREA YMCA, INC.

Current Principal Place of Business:

110 E OAK AVE
110 E OAK AVE
TAMPA, FL 336727428

New Principal Place of Business:

Current Mailing Address:

110 E OAK AVE
110 E OAK AVE
TAMPA, FL 336727428

New Mailing Address:

FEI Number: 59-1742909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGIONE, RALPH P
WILLIAMS, REED, WEINSTEIN, ET AL
1 TAMPA CITY CTR #2600
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: CD () Delete
Name: FOWLER, TROY
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

Title: VCD () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: SD () Delete
Name: BUESING, BOB
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: SULS, STUART
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: GILBERTSON, JR., ROB, ERT
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVO (X) Change () Addition
Name: FOWLER, TROY
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

Title: VCVO (X) Change () Addition
Name: BUESING, BOB
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: SD (X) Change () Addition
Name: COLBY, AL
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

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

Title: CEO (X) Change () Addition
Name: ELLIS, LAURIE
Address: 110 E OAK AVE
City-St-Zip: TAMPA, FL

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: LAURIE ELLIS

CEO

04/26/2007

Electronic Signature of Signing Officer or Director

Date