


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766039**

1. Entity Name  
 TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business  
 2139 N.E. COACHMAN ROAD  
 CLEARWATER, FL 33765 US

Mailing Address  
 2139 N.E. COACHMAN ROAD  
 CLEARWATER, FL 33765 US



04162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2252762 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, GREGORY E.  
 2139 NE COACHMAN RD  
 CLEARWATER, FL 33765

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000930864  
 05/21/08-80126-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KEMP, LINDA L
STREET ADDRESS	11701 BELCHER RD S
CITY-ST-ZIP	LARGO, FL 33773
TITLE	S
NAME	BRICKLEY, PAMELA NEET
STREET ADDRESS	2464 W. GRANADA CIR. SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	VC
NAME	KINNEY, ROBERT
STREET ADDRESS	6326 RIDGE TOP DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34855
TITLE	T
NAME	MCFATE, JOSEPH R
STREET ADDRESS	1749 STARDUST DR
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	P
NAME	SCHWARTZ, GREGORY E
STREET ADDRESS	2139 NE COACHMAN RD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	VP
NAME	VITALE, CARRIE
STREET ADDRESS	2139 NE COACHMAN RD
CITY-ST-ZIP	CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Carrie Vitale* Carrie Vitale-Vice President 4/24/08 (727) 442-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #