2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766039

FILED Mar 04, 2009 Secretary of State

Entity Name: TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:			New Principal Place of Business:
	COACHMAN F ATER, FL 3376		2139 N.E. COACHMAN ROAD - SUITE #1 CLEARWATER, FL 33765 US
Current N	/lailing Addres	s:	New Mailing Address:
	COACHMAN F ATER, FL 3376		2139 N.E. COACHMAN ROAD - SUITE #1 CLEARWATER, FL 33765 US
El Number	r: 59-2252762	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:
2139 NE (CLEARW)	RTZ, GREGORY COACHMAN RE ATER, FL 3376	D S5 US	SCHWARTZ, GREGORY E. 2139 NE COACHMAN RD - SUITE #1 CLEARWATER, FL 33765 US purpose of changing its registered office or registered agent, or be
	e of Florida.	domina tina statement for the	parpose of changing its registered office of registered agent, or bo
SIGNATU			03/04/2009
	Electron	ic Signature of Registered A	gent Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Nddress: Dity-St-Zip:	C () KEMP, LINDA L 11701 BELCHE LARGO, FL 337	RRDS	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Nddress: Dity-St-Zip:	BRICKLEY, PAN 2464 W. GRANA	Delete MELA NEET ADA CIR. SOUTH BURG, FL 33712	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	KINNEY, ROBE 6326 RIDGE TO		Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	T () MCFATE, JOSE 1749 STARDUS CLEARWATER,	T DR	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip:		Delete	Title: P (X) Change () Addition
City-St-Zip: Citle: Name: Nddress: City-St-Zip:	P () SCHWARTZ, GF 2139 NE COACI CLEARWATER,	REGORY E HMAN RD	Name: SCHWARTZ, GREGORY E Address: 2139 NE COACHMAN RD - SUITE #1 City-St-Zip: CLEARWATER, FL 33765

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: GREGORY E SCHWARTZ P 03/04/2009