

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766609

FILED
Jan 14, 2009
Secretary of State

Entity Name: TAMPA BAY BUSINESS GUILD, INC.

Current Principal Place of Business:

2832 FIRST AVE NORTH
SAINT PETERSBURG, FL 33713 US

New Principal Place of Business:

4919 12TH ST N
SAINT PETERSBURG, FL 33703 US

Current Mailing Address:

4919 12TH ST N
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-2902602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, NIXON R
4919 12TH ST N
SAINT PETERSBURG, FL 33703 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: PRES () Delete
Name: REESE, KAREN DR.
Address: 1425 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VICE () Delete
Name: HENNESSEY, CHRIS
Address: 1024 E. MOHAWK AVE
City-St-Zip: TAMPA, FL 22604

Title: SECT () Delete
Name: SILAS, MICHAEL
Address: 1616 21ST ST S #102
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: TREA () Delete
Name: NIXON, JAMES R
Address: 4919 12TH ST N
City-St-Zip: SAINT PETERSBURG, FL 22703

Title: BM () Delete
Name: BARRY, SCOTT
Address: 4624 N. ARMENIA AVE
City-St-Zip: TAMPA, FL 33606

Title: ADMN () Delete
Name: COSSETTE, RENE
Address: 12917 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

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
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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: JAMES R NIXON

Electronic Signature of Signing Officer or Director

TREA

01/14/2009

Date