

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2008
Secretary of State**

DOCUMENT# N00000004345

Entity Name: TAMPA BAY WORKFORCE ALLIANCE, INC.

Current Principal Place of Business:

5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3655316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINKLEY, CAROL
5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610 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: C () Delete
Name: GANS-BARFIELD, SIMONE
Address: 7445 QUAIL MEADOW ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: T () Delete
Name: SMITH, RON
Address: 5802 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: VC () Delete
Name: SCHUMACHER, DALE
Address: P.O. BOX 7492
City-St-Zip: TAMPA, FL 33673

Title: S () Delete
Name: HELTON, TONYA
Address: 8813 HIGHWAY 41, SOUTH.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: YATES, GORDON
Address: 3917 W. PALMIRA AVE.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CONA, STEVE
Address: 2008 N. HIMES AVE
City-St-Zip: TAMPA, FL 33607

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: S (X) Change () Addition
Name: HUGHES, MYRON
Address: 615 CHANNEL SIDE DR, STE. 108
City-St-Zip: TAMPA, FL 33602

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: MICHELE PINEDA

CFO

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date