2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004345

Entity Name: TAMPA BAY WORKFORCE ALLIANCE, INC.

FILED Mar 31, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Princi	New Principal Place of Business:		
5701 E HILI STE 1419 TAMPA, FL	LSBOROUGH / . 33610	AVE				
Current Mailing Address:			New Mailir	New Mailing Address:		
5701 E HILI STE 1419 TAMPA, FL	LSBOROUGH /	AVE				
FEI Number:	59-3655316	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of No	ew Registered Agent:	
STE 1419 TAMPA, FL	LSBOROUGH <i>)</i> . 33610 US					
The above in the State		bmits this statement for the purp	ose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	C () E GANS-BARFIELD 7445 QUAIL MEA PLANT CITY, FL	DOW ROAD	Title: Name: Address: City-St-Zip:	C (X) SCHUMACHER, P.O. BOX 7492 TAMPA, FL 335		
Title: Name: Address: City-St-Zip:	T () E SMITH, RON 5802 BENJAMIN TAMPA, FL 3363		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VC () E SCHUMACHER, I P.O. BOX 7492 TAMPA, FL 3367		Title: Name: Address: City-St-Zip:	VC (X) CONA, STEVE 2008 N. HIMES A TAMPA, FL 336		
Title: Name: Address: City-St-Zip:	HUGHES, MYRO	DE DR, STE. 108	Title: Name: Address: City-St-Zip:	DEVINE, LINDA	Change()Addition MPA, 401 KENNEDY BLVD 06	
Title: Name: Address: City-St-Zip:	D () E YATES, GORDON 3917 W. PALMIR TAMPA, FL 3362	A AVE.	Title: Name: Address: City-St-Zip:	D (X) HART, MARK 807 SUNRIDGE SEFFNER, FL 3		
Title: Name: Address: City-St-Zip:	D () CONA, STEVE 2008 N. HIMES A TAMPA, FL 3360		Title: Name: Address: City-St-Zip:	D (X) GANS-BAREFIE 7445 QUAIL ME/ PLANT CITY, FL	ADOW ROAD	

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: JULIE SANON SVP 03/31/2009