

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004345

FILED
Apr 01, 2010
Secretary of State

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:

5701 E HILLSBOROUGH AVE
STE 1419
TAMPA, FL 33610 US

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
Name: SCHUMACHER, DALE
Address: P.O. BOX 7492
City-St-Zip: TAMPA, FL 33673 US

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

Title: S
Name: DEVINE, LINDA
Address: 401 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: D
Name: GANS-BAREFIELD, SIMONE
Address: 7445 QUAIL MEADOW ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: D
Name: TOMLIN, HOLLY
Address: 8402 LAUREL FAIR CIRCLE
City-St-Zip: TAMPA, FL 33610 US

I hereby 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 all other like empowered.

SIGNATURE: DALE SCHUMACHER

C

04/01/2010

Electronic Signature of Signing Officer or Director

_____ Date