



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 049 ****70.00

DOCUMENT # N00000006292					
1. Entity Name NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.					
Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711			Mailing Address 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3671047	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LISENBY, CHELLIE NONPROFIT LEADERSHIP CTR OF TAMPA BAY INC 1111 N. WESTSHORE BLVD., SUITE 215 TAMPA, FL 33607-4711			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete OPFER, ROY 3020 W. LAUREL STREET TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christian, David 100 N. Tampa St., Suite 3400 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURCHLAND, SUZANNE 1 TROPICANA DRIVE SAINT PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crowder, Shelli 3410 Henderson Blvd., Suite 208 Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WATTERS, GINGER 3201 W. PARKLAND BLVD TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watters, Ginger 3201 W. Parkland Blvd. Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input type="checkbox"/> Delete PEPPARD, JANE 319 SLEEPY HOLLOW AVE TAMPA, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peppard, Jane 319 Sleepy Hollow Ave. Tampa, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Delete BELL, MIKE 3107 COVENTRY EAST SAFETY HARBOR, FL 34695		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Murchland, Suzanne 1 Tropicana Drive Saint Petersburg, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director