

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004646

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** INFRAGARD TAMPA BAY MEMBERS ALLIANCE, INC.

**Current Principal Place of Business:**

5525 WEST GRAY STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5525 WEST GRAY STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 56-2368048      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORGENSEN, JOHN E  
240 NORTH WASHINGTON BLVD  
SUITE 240  
SARASOTA, FL 34236 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: P ( ) Delete  
Name: MEDASKA, JOHN  
Address: 3945 POINSETTIA DRIVE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: T ( ) Delete  
Name: JUNEAU, DAN  
Address: 3200 HENDERSON BOULEVARD #200  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: JORGENSEN, JOHN E  
Address: 240 NORTH WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34236

**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:

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: JOHN E. JORGENSEN

S

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date