

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004692

FILED
Sep 20, 2011
Secretary of State

Entity Name: TEDRICK D. MAYNARD TIGHTEN-UP COMMUNITY OUTREACH PROGRAM, INC.

Current Principal Place of Business:

4668 ASHBURN SQUARE DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4668 ASHBURN SQUARE DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 30-0422099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, BETTY
4668 ASHBURN SQUARE DRIVE
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: FP
Name: KNOWLES, BETTY
Address: 4668 ASHBURN SQUARE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: PDIR
Name: KNOWLES, MATTHEW
Address: 4668 ASHBURN SQUARE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: TREA
Name: PARKER, PERVIS
Address: 1009 S GIBBS ST
City-St-Zip: TAMPA, FL 33612

Title: DEDU
Name: SHEPPERD, DARRYL DR.
Address: N 22ND
City-St-Zip: TAMPA, FL 33605

Title: SECR
Name: LANGSTON, LAWANDA
Address: 4923 S 83RD ST
City-St-Zip: TAMPA, FL 33619

Title: ADVC
Name: JENKINS, ANTOINETTE
Address: 623 LAKEMONT DR
City-St-Zip: TAMPA, FL 33610

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: BETTY KNOWLES

F/P

09/20/2011

Electronic Signature of Signing Officer or Director

Date