

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007323

FILED
Apr 07, 2009
Secretary of State

Entity Name: MILLINNEUM MENTORS OF TAMPA BAY, INC.

Current Principal Place of Business:

600 HITCHING POST DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 76515
TAMPA, FL 33675 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, ANDDRIKK L
600 HITCHING POST DRIVE
BRANDON, FL 33511 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: FRAZIER, ANDDRIKK L
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: WILLIAMS, WILLISHA J
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: ASHLEY, RICO
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: WILSON, WARREN L
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: BRADFORD, CARL L
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: FRAZIER, ANDDRIKK L
Address: 600 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WILLIAMS, WILLISHA J
Address: 8117 OAK TRACE WAY, UNIT B
City-St-Zip: TAMPA, FL 33634

Title: V (X) Change () Addition
Name: ASHLEY, RICO
Address: 2117 CARRIAGE LANE
City-St-Zip: CLEARWATER, FL 33765

Title: S (X) Change () Addition
Name: WILSON, WARREN L
Address: 7710 MARBELL CREEK AVE.
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change () Addition
Name: BRADFORD, CARL L
Address: 3503 E. 29TH AVE.
City-St-Zip: TAMPA, FL 33605

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: CARL L. BRADFORD

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date