

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39433

FILED
Feb 22, 2008
Secretary of State

Entity Name: THE TAMPA BAY ADVERTISING FEDERATION, INC.

Current Principal Place of Business:

11812 N 56TH ST
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11812 N 56TH ST
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3072029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFCOAT, SARAH
11812 N 56TH STREET
TAMPA, FL 33617 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: QUIGLEY, MICHAEL
Address: 16036 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: NEUMAN, CRAIG
Address: 10441 HALLMARK BLVD
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MD () Delete
Name: JEFFCOAT, SARAH
Address: 11812 N 56TH STREET
City-St-Zip: TAMPA, FL 33617 US

Title: D () Delete
Name: ANDERSEN, MICHAEL
Address: 11575 47TH ST N
City-St-Zip: CLEARWATER, FL 33672 US

Title: SD () Delete
Name: CHRISTMAN, HEATHER
Address: 10263 GANDY BLVD., UNIT 602
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: D () Delete
Name: PAKSOY, NICOLE
Address: 1515 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607 US

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:

Title: () Change () Addition
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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: SARAH JEFFCOAT

MD

02/22/2008

Electronic Signature of Signing Officer or Director

Date