## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000678

Entity Name: 211 TAMPA BAY CARES, INC.

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
50S. BELCHER RD. STE. 116				50 S. BELCHER RD. STE. 116		
CLEARWATER, FL 33765				CLEARWATER, FL 33765		
Current Mailing Address:				New Mailing Address:		
50S. BELCHER RD. STE. 116 CLEARWATER, FL 33765				50 S. BELCHER RD. STE. 116 CLEARWATER, FL 33765		
				umber Not Applicable ( ) Certificate of Status Desired (X)		
Name and	d Address of C	Current Registered Agent:		Name and Addr	ess of New Registered Agent:	
THOMPSON, MICKI 11457 ULMERTON RD LARGO, FL 33778 US				THOMPSON, MICKI 50 S. BELCHER RD. SUITE 116 CLEARWATER, FL 33765 US		
	e named entity e of Florida.	submits this statement for the p	urpose o	f changing its regi	stered office or registered agent, or both,	
SIGNATURE:					02/26/2008	
	Electron	nic Signature of Registered Age	•nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C/D ( PETERSEN, G 100 N. TAMPA TAMPA, FL 33	ST.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TABOR, SAND 1801 72ND AV			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( CADDELL, TIM 770 52ND ST. PINELLAS PAF			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JACKSON, DO 301 4TH ST SV	V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( FELICIANO, BI 1520 N. SATUF CLEARWATER	RN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JACKSON, DAI 6606 CHICKAE BRADENTON.	DEE LN.		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GRANT PETERSEN C/D 02/26/2008