2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000678

Entity Name: 211 TAMPA BAY CARES, INC.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 S. BELCHER RD. STE. 116 CLEARWATER, FL 33765 **New Mailing Address: Current Mailing Address:** 50 S. BELCHER RD. STE. 116 CLEARWATER, FL 33765 FEI Number: 59-3355555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, MICKI 50 S. BELCHER RD. SUITE 116 CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: C/D () Change () Addition () Delete PETERSEN, GRANT Name: Name: 100 N. TAMPA ST. Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: S/D () Delete Title: () Change () Addition TABOR, SANDRA Name: Name: Address: 1801 72ND AVE. NE Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition CADDELL, TIM Name: Name: Address: 770 52ND ST. Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: VC/D () Delete Title: D (X) Change () Addition Name: JACKSON, DORETHA Name: MILLS, JAMES Address: 301 4TH ST SW Address: 1092 - 42ND AVE. NE City-St-Zip: LARGO, FL 33770 City-St-Zip: ST. PETERSBURG, FL 33703 Title: () Delete Title: (X) Change () Addition FELICIANO, BERNADETTE CATANESE, GEORGE Name: Name: 1520 N. SATURN 880 CARILLON PARKWAY Address: Address: CLEARWATER, FL 33755 City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33733 Title: () Delete Title: (X) Change () Addition SICILIAN, DONNA JACKSON, DARRELL Name: Name: Address: 6606 CHICKADEE LN. Address: 250 TRALEE ST. BRADENTON, FL 34202 LARGO, FL 33770 City-St-Zip: 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: GRANT PETERSEN C 03/04/2009