# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2009**
**Secretary of State**

DOCUMENT# N96000004808

**Entity Name:** THE TAMPA BAY CATHOLIC LAWYERS GUILD, INC.

**Current Principal Place of Business:**

512 COURTNEY DRIVE
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1816
TAMPA, FL 33601 US

**New Mailing Address:**

**FEI Number: 59-3510702** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

STEVENS, KARL V
512 COURTNEY DRIVE
TEMPLE TERRACE, 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: D ( ) Delete
Name: GALLAGHER, DANIEL
Address: 419 PIERCE STREET
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: GASSLER, FRANK
Address: 501 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: JESSE V DOMINGUEZ
Address: 105 S ARMENIA AVE
City-St-Zip: TAMPA, FL 33609

Title: PRES ( ) Delete
Name: STEVENS, A. KARL JR.
Address: 512 COURTNEY DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TREA ( ) Delete
Name: ALLISON, THOMAS E
Address: 4445 SUMMER OAK DR
City-St-Zip: TAMPA, FL 33624

**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
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: THOMAS E ALLISON TREA 05/06/2009
Electronic Signature of Signing Officer or Director Date