# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2007 8:00 am**
**Secretary of State**
03-21-2007 90037 001 ****61.25

DOCUMENT # N05000007818

1. Entity Name
TEAM SURVIVOR TAMPA BAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4202 E. FOWLER AVE. USF30662<br>TAMPA, FL 33620 | 4202 E. FOWLER AVE. USF30662<br>TAMPA, FL 33620 |

000060000

03142007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 30662 USF Holly Dr. | 30662 USF Holly Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tampa, FL | City & State: Tampa, FL |
| Zip: 33620-3066 Country: USA | Zip: 33620-3066 Country: USA |

4. FEI Number 20-3337608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DELEO, MATTHEW<br>3407 YOUNG RD<br>PLANT CITY, FL 33565 | Name: Marcella Hamilton<br>Street Address (P.O. Box Number is Not Acceptable): 1010 Emerald Dr.<br>City: Brandon FL Zip Code: 33511 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marcella Hamilton Marcella Hamilton S 03-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUSENBARRICK, JOAN<br>810 810 SEABREEZE DR<br>RUSKIN, FL 33570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Elizabeth O'Connell<br>16104 Dowling Ct.<br>Tampa, FL 33647 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FESSELL, LINDA<br>3407 YOUNG RD<br>PLANT CITY, FL 33565 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Kathleen Murphy<br>2914 N. Shoreview Dr.<br>Tampa, FL 33602 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>O'CONNELL, ELIZABETH<br>16104 DOWLING CT<br>TAMPA, FL 33647 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Marcella Hamilton<br>1010 Emerald Dr.<br>Brandon, FL 33511 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Marianne Semko<br>4645 Marcross Lane<br>New Port Richey, FL 34653 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marcella Hamilton 03-17-07 813-274-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #