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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 003 ****61.25

40070074



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number **01-0827582** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DEFLURIO, JAMES PA~~
~~201 E KENNEDY BLVD~~
~~TAMPA, FL 33602~~

Cotterill, Ron

7. Name and Address of New Registered Agent

Name **Ron Cotterill**

Street Address (P.O. Box Number is Not Acceptable)

1010 N. Florida Ave.City **Tampa**FL Zip Code **33602**

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

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, 2008

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

TITLE **P** ☐ Delete
NAME **BENSON, JULIE V**
STREET ADDRESS **1301 S HOWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **D** ☐ Delete
NAME **KIRKBRIDE, TASMIN**
STREET ADDRESS **1301 S HOWARD AVE C6**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **VP** ☐ Delete
NAME **HUBBARD, BARRY**
STREET ADDRESS **1301 SO HOWARD A-2**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **S** ☐ Delete
NAME **DEVLIN, ELIZABETH**
STREET ADDRESS **506 SO. MELVILLE AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Julie Benson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

727-299-9555

Daytime Phone #