

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24225

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: LEADERSHIP TAMPA BAY, INC.

**Current Principal Place of Business:**

12104 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1315  
TAMPA, FL 336011315

**New Mailing Address:**

FEI Number: 59-2883950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BESSETTE, ALICE  
12104 COLONIAL ESTATES LANE  
RIVERVIEW, FL 33579 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: P ( ) Delete  
Name: HACKMAN, JIM  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VP ( ) Delete  
Name: MANER, MACHELLE  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

Title: T ( ) Delete  
Name: SHADY, LORI  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

Title: D ( ) Delete  
Name: BESSETTE, ALICE  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MANER, MACHELLE  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VP (X) Change ( ) Addition  
Name: MARTIN, TOM  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

Title: T (X) Change ( ) Addition  
Name: JACKSON, DANNY  
Address: 12104 COLONIAL ESTATES LANE  
City-St-Zip: RIVERVIEW, FL 33579

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: ALICE BESSETTE

D

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date