## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738301** 

FILED Mar 05, 2009 Secretary of State

Entity Name: TAMPA CROSSROADS, INC.

Current Principal Place of Business: New Principal Place of Business:

5118 N. NEBRASKA AVENUE TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

5118 N. NEBRASKA AVENUE TAMPA, FL 33603

FEI Number: 59-1743719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MARTINEZ, ELVIN

13TH CIRCUIT / FIFTH FLOOR

COURTHOUSE ANNEX
TAMPA, FL 33602 US

ROMEO, SARA

5118 N NEBRASKA AVE
TAMPA, FL 33603 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: SARA ROMEO 03/05/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition Name: HALL, TOM Name: HURST, IRENE

Address: 520 FAULKENBURG ROAD Address: 1403 KENSINGTON WOODS DR

City-St-Zip: TAMPA, FL 33619 City-St-Zip: LUTZ, FL 33549

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition Name: ALSPACH, AMY CPA Name:

 Address:
 1203 E PARK CIR
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:

Title: CE ( ) Delete Title: PRES (X) Change ( ) Addition Name: STANLEY, KAREN STANLEY, KAREN

 Address:
 800 E KENNEDY BLVD
 Address:
 800 E KENNEDY BLVD

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33602

Title: CE ( ) Change (X) Addition

 Name:
 Name:
 KEMP, PAT

 Address:
 Address:
 5118 SEMINOLE AVE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33603

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: SARA ROMEO E.D. 03/05/2009