

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760814

FILED
Mar 31, 2009
Secretary of State

Entity Name: TAMPA ORGANIZATION OF BLACK AFFAIRS, INC.

Current Principal Place of Business:

1101 N HOWARD AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3485
TAMPA, FL 336013485

New Mailing Address:

FEI Number: 58-8171047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, KEN
1101 N HOWARD AVE
TAMPA, FL 33607 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: BD () Delete
Name: ANTHONY, KEN
Address: 1101 N HOWARD AVE
City-St-Zip: TAMPA, FL 33607

Title: BD () Delete
Name: RHODES, JEFFREY
Address: 1101 W HOWARD AVE
City-St-Zip: TAMPA, FL 33607

Title: BD () Delete
Name: MORRISON, ROBERT
Address: 1101 N HOWARD AVE
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: ANTHONY, YOLANDA
Address: 1101 N HOWARD AVE
City-St-Zip: TAMPA, FL 33607

Title: BD () Delete
Name: JACKSON, JOSEPH
Address: 1101 N HOWARD AVE
City-St-Zip: TAMPA, FL 33607

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: YOLANDA Y. ANTHONY

T

03/31/2009

Electronic Signature of Signing Officer or Director

Date