

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702934

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** TAMPA SHOWMENS MEMORIAL FUND, INC.

**Current Principal Place of Business:**

608 N. WILLOW AVENUE  
TAMPA, FL 336061304

**New Principal Place of Business:**

**Current Mailing Address:**

608 N. WILLOW AVENUE  
TAMPA, FL 336061304

**New Mailing Address:**

**FEI Number:** 59-6154981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DILLMAN, TERESA  
608 N WILLOW AVE  
TAMPA, FL 33609 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: VP ( ) Delete  
Name: PIERSON, DON  
Address: 5833 MARINER DRIVE  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: THOMAS, LILLIAN A  
Address: 608 N WILLOW AVE  
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete  
Name: CEFARATTI, TONY  
Address: 7125 HAMILTON LANE  
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: PD ( ) Delete  
Name: ANDERSON, CLIFF  
Address: 10140 VISTA POINT DR.  
City-St-Zip: TAMPA, FL 33635

Title: VPD ( ) Delete  
Name: CONEDERA, DAVID  
Address: 608 N. WILLOW AVE  
City-St-Zip: TAMPA, FL 33606

**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 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: CLIFF ANDERSON

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date