2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# 702934

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 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 03/20/2008

Electronic Signature of Signing Officer or Director — Date