

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703662

FILED
Apr 17, 2009
Secretary of State

Entity Name: SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC

Current Principal Place of Business:

1515 N. WESTSHORE BLVD.
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1515 N. WESTSHORE BLVD.
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-6153325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNHYM, ROLFE
1515 N. WESTSHORE BLVD.
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: PCED () Delete
Name: ARNHYM, ROLFE
Address: P.O. BOX 23483
City-St-Zip: TAMPA, FL 336233483

Title: C () Delete
Name: FAULMAN, BRUCE
Address: 202 S. PARKER ST.
City-St-Zip: TAMPA, FL 33601

Title: C () Delete
Name: LATTA, WILLIAM
Address: P.O. BOX 23483
City-St-Zip: TAMPA, FL 336233483

Title: V () Delete
Name: SCHAFER, STUART
Address: 6130 LAZYDAYS BLVD.
City-St-Zip: SEFFNER, FL 33584

Title: STD () Delete
Name: FREY, BOB
Address: P.O. BOX 23483
City-St-Zip: TAMPA, FL 336233483

Title: V () Delete
Name: DOYLE, MARY
Address: 514 WESTBOUROUGH LANE
City-St-Zip: TAMPA, FL 33647

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:

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: ROLFE G. ARNHYM

PCED

04/17/2009

Electronic Signature of Signing Officer or Director

Date