

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706124

FILED
Apr 13, 2009
Secretary of State

Entity Name: TAMPA NEW AUTO DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

3203 BAYSHORE BLVD
THE STOVALL #1002
TAMPA, FL 336291707 US

New Principal Place of Business:

Current Mailing Address:

3203 BAYSHORE BLVD
THE STOVALL #1002
TAMPA, FL 336291707 US

New Mailing Address:

FEI Number: 59-1059589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JAMES D.
7300 W. CAMINO REAL
SUITE 224
BOCA RATON, FL 33433 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: D () Delete
Name: ROGERS, KELLY
Address: 11333 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

Title: P () Delete
Name: GHIOTO, RALPH
Address: 4400 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MORGAN, LARRY
Address: 1101 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: ST () Delete
Name: PELAEZ, ED
Address: 302 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: RIVARD, ROGER
Address: 9740 ADAMS DR
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: MCELHENY, ROBERT
Address: 11780 TAMPA GATEWAY BLVD
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: ROGERS, KELLY
Address: 11333 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change () Addition
Name: GHIOTO, RALPH
Address: 4400 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PARKS, RONALD
Address: 10505 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: P (X) Change () Addition
Name: RIVARD, ROGER
Address: 9740 ADAMS DR
City-St-Zip: TAMPA, FL 33619

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: GEORGE O WILSON III

EVP

04/13/2009

Electronic Signature of Signing Officer or Director

Date