

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711890

Entity Name: R.A.C.C.A., INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1920 EAST SLIGH AVENUE
TAMPA, FL 336101252

New Principal Place of Business:

Current Mailing Address:

1920 EAST SLIGH AVENUE
TAMPA, FL 336101252

New Mailing Address:

FEI Number: 59-1113307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISMARCK, KEANE O EX DIR
1920 EAST SLIGH AVENUE
TAMPA, FL 336101252 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: P () Delete
Name: LINGERFELT, BRYAN
Address: 604 N. GILCHRIST AVENUE
City-St-Zip: TAMPA, FL 33606

Title: PE () Delete
Name: SULLIVAN, LEE
Address: 1902 LITTLE COVE
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: KELLER, PAUL
Address: 14240 - 60TH STREET N. #B
City-St-Zip: CLEARWATER, FL 33760

Title: VP () Delete
Name: KRON, MARINA
Address: 201 TRAVELERS WAY
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: SIMPSON, GARRY
Address: 12302 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: HOUGHTON, RICK
Address: 12815-A AUTOMOBILE BLVD.
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LINGERFELT, BRYAN
Address: 604 N. GILCHRIST AVENUE
City-St-Zip: TAMPA, FL 33606

Title: P (X) Change () Addition
Name: SULLIVAN, LEE
Address: 1902 LITTLE COVE
City-St-Zip: TAMPA, FL 33613

Title: VP (X) Change () Addition
Name: KELLER, PAUL
Address: 14240 - 60TH STREET N. #B
City-St-Zip: CLEARWATER, FL 33760

Title: PE (X) Change () Addition
Name: KRON, MARINA
Address: 201 TRAVELERS WAY
City-St-Zip: ST. PETERSBURG, FL 33710

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: LEE SULLIVAN

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date