

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723464

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHOWMEN'S REST, INC.

Current Principal Place of Business:

608 N. WILLOW AVENUE
TAMPA, FL 336061340

New Principal Place of Business:

Current Mailing Address:

608 N. WILLOW AVENUE
TAMPA, FL 336061340

New Mailing Address:

FEI Number: 59-1494878

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 33606 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: TD () Delete
Name: DILLMAN, TERESA A
Address: 12734 WOOD TRAIL BLVD
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: ANDERSON, H C
Address: 10140 VISTA POINT DR
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: MARSICANO, RALPH
Address: 11334 OAKLEAF AVE
City-St-Zip: TAMPA, FL

Title: S (X) Delete
Name: FLEENOR, JOY
Address: 3940 EDEN ROCK CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: NAVON, BARBARA
Address: 9236 GIBSONTON DRIVE
City-St-Zip: GIBSONTON, FL 33534

Title: P () Delete
Name: PIERSON, DON
Address: 5833 MARINER DRIVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: DILLMAN, TERESA A
Address: 12734 WOOD TRAIL BLVD
City-St-Zip: TAMPA, FL 33625

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: P (X) Change () Addition
Name: JEONNOTTE, PAUL
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL

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: PAUL JEONNETTE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date