


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 727001</b> 1. Entity Name <b>GANDY CIVIC ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4207 W. OKLAHOMA AVENUE TAMPA, FL 33616 US</b>	Mailing Address <b>P.O. BOX 130214 TAMPA, FL 33681-0214 US</b>
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02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7417012</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STEENSON, ALAN H  
4100 W. LEILA AVE  
TAMPA, FL 33616**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000854980 04/07/08-80005-009 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURSEY, MICHAEL 4007 W. TYSON AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STEENSON, ALAN N 4100 W. LEILA AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, KAMELA 4428 W. OHIO AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, WALTER 4428 W. OHIO AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, ROBERT 4206 W. WYOMING AVE. TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ALAN N. STEENSON** *Alan N. Steenson* **3-10/2008 813-837-1277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #