

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728569

FILED
Apr 08, 2009
Secretary of State

Entity Name: FIREMEN'S BENEVOLENT ASSOCIATION OF THE CITY OF TAMPA, INC.

Current Principal Place of Business:

201 E. YUKON ST.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

201 E. YUKON ST.
TAMPA, FL 33604

New Mailing Address:

FEI Number: 23-7371471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JAMES M
201 E YUKON STREET
TAMPA, FL 33604 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: WOODS, DOUGLAS
Address: 23916 FORREST VIEW DR
City-St-Zip: LAND O' LAKES, FL 33639

Title: VP () Delete
Name: HARMON, GREGORY
Address: 1609 LONS POND DR
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: WHITE, JAMES
Address: 18401 AUTUMN MISS DR
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: KOHAN, JACE
Address: 16604 EPOT COURSE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: GILLMAN, JAMES
Address: 6501 WELLINGTON AVE
City-St-Zip: TAMPA, FL 33604

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:

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: JAMES M. WHITE

SD

04/08/2009

Electronic Signature of Signing Officer or Director

Date