2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 729254

Entity Name: GREATER TAMPA SHOWMEN'S ASSOCIATON, INC.

Current Principal Place of Business:

608 N. WILLOW AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

608 N. WILLOW AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-0589730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLMAN, TERESA P
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: DP ( ) Delete
Name: MASON, BOB
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: SEDLMAYR, LAURA
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: MILIO, TONY
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: GAREY, MALCOM
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete
Name: KOZA, JOANN
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DS ( ) Delete
Name: DILLMAN, TERESA
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SEDLMAYR, LAURA
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV (X) Change ( ) Addition
Name: GAREY, MALCOM
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV (X) Change ( ) Addition
Name: TALOMBI, ROBERT
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: DV (X) Change ( ) Addition
Name: STEVENS, LEE
Address: 608 N WILLOW AVE
City-St-Zip: TAMPA, FL 33606

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: LAURA SEDLMAY P 04/29/2009

Electronic Signature of Signing Officer or Director — Date