

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733616

FILED
Apr 20, 2009
Secretary of State

Entity Name: TAMPA COMMUNITY DESIGN CENTER, INC.

Current Principal Place of Business:

502 EAST ROSS AVENUE
SUITE A
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

502 EAST ROSS AVENUE
SUITE A
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-1651431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNISON, JOHN
502 EAST ROSS AVENUE, SUITE A
TAMPA, FL 33602 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: PD () Delete
Name: TENNISON, JOHN
Address: 502 EAST ROSS AVENUE
City-St-Zip: TAMPA, FL 33602

Title: VPD () Delete
Name: FERRELL, STEPHANIE
Address: 3110 FIELDER ST., W
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: VIVIAN, SALAGA
Address: 502 EAST ROSS AVENUE
City-St-Zip: TAMPA, FL 33602

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:

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: VIVIAN SALAGA

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date