

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744269

FILED
Apr 01, 2009
Secretary of State

Entity Name: COREY AREA BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 67393
ST PETERSBURG BEACH, FL 33706

New Principal Place of Business:

155 COREY AVENUE
ST PETERSBURG BEACH, FL 33706

Current Mailing Address:

P.O. BOX 67393
ST PETERSBURG BEACH, FL 33706

New Mailing Address:

155 COREY AVENUE
ST PETERSBURG BEACH, FL 33706

FEI Number: 65-0048420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFSTUTLER, JOE
253 COREY AVE
SAINT PETERSBURG, FL 33706 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: ROOS, RENEE
Address: 8020 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VP () Delete
Name: HANSEN, KATHI
Address: 423 COREY AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: T () Delete
Name: HUFFSTUTLER, JOE
Address: 253 COREY AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: S () Delete
Name: WHIPPLE, ROBERTA
Address: 365 73RD AVE
City-St-Zip: SAINT PETERSBURG, FL 33706

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:

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: JOE HUFFSTUTLER

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04/01/2009

Electronic Signature of Signing Officer or Director

Date