

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744406

FILED
Jun 16, 2009
Secretary of State

Entity Name: MCDONALD'S TAMPA BAY MARKETING ASSOCIATION, INC.

Current Principal Place of Business:

4908 WEST NASSAU STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4908 WEST NASSAU STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1894030 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, CHUCK
4908 WEST NASSAU STREET
TAMPA, FL 33607 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: BROWN, STEUART
Address: POST OFFICE BOX 873
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: V () Delete
Name: REED, BRUCE
Address: 1715 BARTOW ROAD
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: SCHREYES, DON
Address: 4908 WEST NASSAU STREET
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: PETERSON, CHUCK
Address: 4908 WEST NASSAU STREET
City-St-Zip: TAMPA, FL 33607

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: CHUCK PETERSON

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06/16/2009

Electronic Signature of Signing Officer or Director

Date