## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #766777**

1. Entity Name
TAMPA-BAY ECONOMIC DEVELOPMENT
CORPORATION



FILED
Jan 16, 2008 08:00 AN
Secretary of State

Principal Place of Business

7402 N 56TH STREET

SUITE 425

TAMPA, FL 33617 US

Mailing Address

7402 N 56TH STREET

SUITE 425

TAMPA, FL 33617 US



01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2254278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNUNG, KENNETH E P 7402 N 56TH STREET SUITE 425 TAMPA, FL 33617

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8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finand     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNUNG, KENNETH E 7402 N 56TH STREET SUITE 425 TAMPA, FL 33617				U00000786212 01/17/08-80031-017 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, HERBERT 7402 N 56TH STREET SUITE 425 TAMPA, FL 33602				01/17/08-80031-017 61.25 <b>DO NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DRAYNE, LINDA 7402 N 56TH STREET SUITE 425 TAMPA, FL 33602			DO	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S KANCHARLA, RAM 7402 N 56TH STREET SUITE 425 TAMPA, FL 33602			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	C MCCARGAR, E J 7402 N 56TH STREET SUITE 425 TAMPA, FL 33602			• ·	
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

entl & Home

1-11-08 813-984-8105