

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003107

FILED
Apr 21, 2010
Secretary of State

Entity Name: AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER INC.

Current Principal Place of Business:

2910 24TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2910 24TH AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, FLETCHER
2910 24TH AVE
TAMPA, FL 33605 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/D
Name: ANDERSON, FLETCHER
Address: 2910 24TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D
Name: GALLMON, BETTY
Address: 4213 E LOUISIANA
City-St-Zip: TAMPA, FL 33610

Title: D
Name: BAKER, MARIA L
Address: 1220 34TH STREET
City-St-Zip: SARASOTA, FL 34234

I hereby 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 all other like empowered.

SIGNATURE: FLETCHER ANDERSON

R/A

04/21/2010

Electronic Signature of Signing Officer or Director

Date