

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005030

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: NFL/YET CENTERS OF TAMPA BAY, INC.

## Current Principal Place of Business:

201 N. FRANKLIN STREET  
SUITE 1625  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

201 N. FRANKLIN STREET  
SUITE 1625  
TAMPA, FL 33602 US

## New Mailing Address:

FEI Number: 59-3733460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RYDBERG, MARSHA  
201 N. FRANKLIN STREET  
SUITE 1625  
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: D ( ) Delete  
Name: ROYSTER, STEPHANIE O  
Address: 4905 34TH STREET SOUTH, STE. 220  
City-St-Zip: ST. PETERSBUEG, FL 33711

Title: P ( ) Delete  
Name: RYDBERG, MARSHA G  
Address: 201 N. FRANKLIN STREET, SUITE 1625  
City-St-Zip: TAMPA, FL 33602

Title: TS ( ) Delete  
Name: AHERNS, DOUG  
Address: 1815 E 148TH AVE  
City-St-Zip: TAMPA, FL 33549

Title: V (X) Delete  
Name: HART, DIANNE  
Address: 3310 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: RYDBERG, MARSHA G  
Address: 201 N. FRANKLIN STREET, SUITE 1625  
City-St-Zip: TAMPA, FL 33602

Title: P (X) Change ( ) Addition  
Name: AHERNS, DOUG  
Address: 1815 E 148TH AVE  
City-St-Zip: TAMPA, FL 33549

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: STEPHANIE A. OWENS

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date