

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008718

FILED
Jan 25, 2008
Secretary of State

Entity Name: CEO COUNCIL OF TAMPA BAY, INC.

Current Principal Place of Business:

633 ONTARIO AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

633 ONTARIO AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 60-0002000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOMBS, MARY JANE
633 ONTARIO AVENUE
TAMPA, FL 33606 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: DV () Delete
Name: COHEN, ANDREW
Address: 308 SOUTH BLVD
City-St-Zip: TAMPA, FL 33606

Title: DST () Delete
Name: ANDERSON, MARK
Address: 8184 WOODLAND CENTER BLVD
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: AKERS, DEAN
Address: 4890 W KENNEDY BLVD #400
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: TOOMBS, JANE
Address: 633 ONTARIO AVE
City-St-Zip: TAMPA, FL 33606

Title: DC () Delete
Name: HOURIGAN, KEVIN
Address: 600 N. WESTSHORE BLVD. #700
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: KING, GUY
Address: 300 W PLATT ST, SECOND FLOOR
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: COHEN, ANDREW
Address: 6700 LAKEVIEW CENTER #130
City-St-Zip: TAMPA, FL 33619

Title: DV (X) Change () Addition
Name: ANDERSON, MARK
Address: 14934 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: DST (X) Change () Addition
Name: WOELFEL, JOHN
Address: 201 E. KENNEDY BLVD #950
City-St-Zip: TAMPA, FL 33602

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

Title: D (X) Change () Addition
Name: HOURIGAN, KEVIN
Address: 600 N. WESTSHORE BLVD. #700
City-St-Zip: TAMPA, FL 33609

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: MARY JANE TOOMBS

D

01/25/2008

Electronic Signature of Signing Officer or Director

Date