

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000307

FILED
May 01, 2009
Secretary of State

Entity Name: TAMPA BAY T.E.A.M. CENTER, INC.

Current Principal Place of Business:

9007 GUNN HIGHWAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

9007 GUNN HIGHWAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 26-0036441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MITCHELL, NANCY
9007 GUNN HIGHWAY
ODESSA, FL 33556 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: PD () Delete
Name: MITCHELL, NANCY
Address: 9007 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: CD () Delete
Name: BROWN, KAREN
Address: 9007 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: POPE, TRINA
Address: 9007 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33556

Title: SD () Delete
Name: GLENN, NICOLE
Address: 9007 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: GORDON, CAMELIA
Address: 9007 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: BURCH, PHYLLIS
Address: 9007 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

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:

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: NANCY MITCHELL

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date