

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000307

FILED  
Apr 29, 2011  
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)**

**Name and Address of Current Registered Agent:**

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

**Title:** CD  
**Name:** ROBINSON, YVONNE  
**Address:** 9007 GUNN HIGHWAY  
**City-St-Zip:** ODESSA, FL 33556

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

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

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

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

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:** NANCY MITCHELL

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date