

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002304

FILED
Apr 13, 2007
Secretary of State

Entity Name: TARPON SPRINGS BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

708 E TARPON AVE
SUITE 19
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

708 E TARPON AVE
SUITE 19
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 02-0595794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSS, WAYNE
167 TARPON AVE.
TARPON SPRINGS, FL 34689 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: TD () Delete
Name: PARACKA, WENDY
Address: 638 E. TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: DORR, TIMOTHY
Address: 532 SPRING LAKE CIR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ATD () Delete
Name: GROSS, WAYNE
Address: 167 TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: JACQUAY, DALE
Address: 861 E KLOSTERMAN RD
City-St-Zip: TARPON SPRINGS, FL 34689

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY PARACKA

TD

04/13/2007

Electronic Signature of Signing Officer or Director

Date