2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002519

Entity Name: TAMPA BAY OUTREACH CENTER INC.

Current Principal Place of Business:	**New Principal Place of Business:**
5610 E. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33619	

Current Mailing Address:	**New Mailing Address:**
5610 E. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33619	

FEI Number: 30-0099625   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SHYNGLE, FELA 3325 PINE TOP DRIVE VALRICO, FL 33594 US	

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:	SHYNGLE, FELA PASTOR
Address:	3325 PINETOP DR.
City-St-Zip:	VALRICO, FL 33594

Title:	D ( ) Delete
Name:	SHYNGLE, CATHERINE PASTOR
Address:	3325 PINETOP DR.
City-St-Zip:	VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D (X) Change ( ) Addition
Name:	SHYNGLE, FELA PASTOR
Address:	3325 PINETOP DR.
City-St-Zip:	VALRICO, FL 33594

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: CATHERINE SHYNGLE   D   04/30/2009

Electronic Signature of Signing Officer or Director   Date