2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: TAMPA BAY AREA PROFESSIONAL VIDEOGRAPHERS ASSOCIATION, INC.

Current Principal Place of Business:

3980 TAMPA RD
SUITE 101-E
OLDSMAR, FL 34677 UN

New Principal Place of Business:

Current Mailing Address:

3980 TAMPA RD
SUITE 101-E
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 81-0548769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWARD, BRYAN
134 ARLINGTON AVE W
OLDSMAR, FL 34677 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: P
Name: COWARD, BRYAN
Address: 134 ARLINGTON AVE W
City-St-Zip: OLDSMAR, FL 34677

Title: VP
Name: DUNN, BRENT
Address: 3734 MCKAY CREEK DR.
City-St-Zip: LARGO, FL 33770

Title: T
Name: GABORIK, JERRY L
Address: 9413 32ND CT. E.
City-St-Zip: E. PARRISH, FL 34219

Title: S
Name: JUMAH, YAKEEN
Address: 916 YORK DR
City-St-Zip: BRANDON, FL 33510

Title: MGRM
Name: SCOTT, AARON
Address: 4111 LAND O' LAKES BLVD., SUITE 210
City-St-Zip: LAND O' LAKES, FL 34639

Title: AS
Name: COWARD, TRACEY
Address: 134 ARLINGTON AVE W
City-St-Zip: OLDSMAR, FL 34677

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: BRYAN COWARD P 04/10/2012

Electronic Signature of Signing Officer or Director Date