

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003891

FILED
May 02, 2007
Secretary of State

Entity Name: BBFC-TT CHARITIES, INC.

Current Principal Place of Business:

8718 N. 46TH STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

8718 N. 46TH STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: 75-3061933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

MASON, EARL B SR.
8718 N. 46TH STREET
TAMPA, FL 33617 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: D () Delete
Name: MASON, EARL B SR.
Address: P.O. BOX 1720
City-St-Zip: SEFFNER, FL 335831720

Title: D () Delete
Name: HUTCHINSON, ANNE
Address: 4840 WINDINGBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: METCALF, IRIS C
Address: 5458 PENTAIL CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: MASON, FELICIA
Address: 11042 STREAMSIDE DR
City-St-Zip: TAMPA, FL 33624

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 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: EARL B. MASON, SR.

D

05/02/2007

Electronic Signature of Signing Officer or Director

Date