

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006854

FILED
Apr 30, 2009
Secretary of State

Entity Name: VETERANS DAY PARADE GROUP, INC.

Current Principal Place of Business:

100 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 NORTH TAMPA STREET
2200
TAMPA, FL 33602

New Mailing Address:

100 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602

FEI Number: 22-3871263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, FREDERICK
100 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BEDKE, MICHAEL
100 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602 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: MICHAEL BEDKE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BOYLE, BRIAN P
Address: 15149 NIGHTHAWK DR.
City-St-Zip: TAMPA, FL 33625 US

Title: D () Delete
Name: DURAN, RAFAEL A
Address: 8705 BAY CREST LANE
City-St-Zip: TAMPA, FL 33615 US

Title: D () Delete
Name: KRUSE, DONALD
Address: 8510 WOODBRIDGE BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: T/D () Delete
Name: JACOBS, GERALD
Address: 7716 BRETTONWOOD DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: FOGARTY, MARY LEE
Address: 10110 LINDELAAN DR.
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBINSON, DAWN
Address: 29221 BIRDS EYE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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: BRIAN BOYLE

C

04/30/2009

Electronic Signature of Signing Officer or Director

Date