

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02055

FILED
Apr 04, 2007
Secretary of State

Entity Name: SENIORS IN SERVICE OF TAMPA BAY, INC.

Current Principal Place of Business:

1306 W SLIGH AVE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

1306 W SLIGH AVE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2422975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUTERMAN, GRACE H.
1306 W SLIGH AVE
TAMPA, FL 33604 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: D () Delete
Name: ZWETSCH, KEVIN
Address: 501 E. KENNEDY BLVD., #1700
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: VOYKIN, DAVID
Address: P.O. BOX 1011
City-St-Zip: TAMPA, FL 33601 US

Title: D () Delete
Name: SMIENTANSKI, DEBRA
Address: 100 N. TAMPA STREET, #2700
City-St-Zip: TAMPA, FL 33602 US

Title: DC () Delete
Name: DUTY, EMILY
Address: 425 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DC (X) Change () Addition
Name: VOYKIN, DAVID
Address: P.O. BOX 1011
City-St-Zip: TAMPA, FL 33601 US

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

Title: D (X) Change () Addition
Name: DUTY, EMILY
Address: 425 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602 US

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: GRACE H. PUTERMAN

PRES

04/04/2007

Electronic Signature of Signing Officer or Director

Date