

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002959

FILED
Mar 30, 2009
Secretary of State

Entity Name: EAST TAMPA BANDITS, INC.

Current Principal Place of Business:

9208 RACINE PL
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

PO BOX 11943
TAMPA, FL 336801943

New Mailing Address:

FEI Number: 20-3731296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POITIER, SHARON K
9208 RACINE PL
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

POITIER, SHARON K
9208 RACINE PL
RIVERVIEW, FL 33569 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: SHARON K. POITIER

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HENDERSON, DARREL
Address: 5921 RIVA RIDGE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TRES () Delete
Name: POITIER, SHARON
Address: 9208 RACINE PL
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: JOHNSON, ERIC
Address: 2608 E. 32ND AVE
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: WILSON, CHRISTOPHER
Address: 9320 CRESCENT LOOP CIR #210
City-St-Zip: TAMPA, FL 33619

Title: DIR () Change (X) Addition
Name: BYNUM, STEVEN
Address: 7125 COVE PL
City-St-Zip: TAMPA, FL 33617

Title: DIR () Change (X) Addition
Name: EDWARDS, MESHKA
Address: 5002 N. 32TH ST
City-St-Zip: TAMPA, FL 33610

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: SHARON K. POITIER

TRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date