

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# N03000007475

Entity Name: NAAAHR-TAMPA BAY CHAPTER, INC.

Current Principal Place of Business:

P. O. BOX 3261
BRANDON, FL 33509

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3261
BRANDON, FL 33509

New Mailing Address:

FEI Number: 80-0164789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, MICHAELA
4905 WILLOW RIDGE TERR
VALRICO, FL 33594 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 () Delete
Name: CHAMBERS, MICHAELA
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: CHAMBERS, MIKKI
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: DICKERSON, KISHA
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

Title: D () Delete
Name: SMITH, YVONNE
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

Title: V () Delete
Name: BELL, PHILIP
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

Title: VOC () Delete
Name: HOWELL, JOEL
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PRINCE, CILICIA
Address: P. O. BOX 3261
City-St-Zip: BRANDON, FL 33509

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: YVONNE SMITH

D

02/23/2009

Electronic Signature of Signing Officer or Director

Date