2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N03000008593

Entity Name: T.I. ECONOMIC PARTNERHSHIP FOUNDATION, INC.

Current Principal Place of Business:

10 PARADISE LANE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

10 PARADISE LANE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 20-0257353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALOOF, MARY H
10 PARADISE LANE
TREASURE ISLAND, FL 33706 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:	MALOOF, MARY H	
Address:	10 PARADISE LANE	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	EDWARDS, WILLIAM	
Address:	12550 5 ST EAST	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	GREEN, RAYMOND D	
Address:	8650 W GULF BLVD	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	(X) Delete
Name:	BROWN, KENNETH W	
Address:	10217 PARADISE BLVD	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	(X) Delete
Name:	HETRICK, BENJAMIN H	
Address:	285 TREASURE ISLAND CSWY	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	RICE, LORI J	
Address:	47 DOLPHIN DR	
City-St-Zip:	TREASURE ISLAND, FL 33706	

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:	
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: MARY H. MALOOF P 03/24/2009

Electronic Signature of Signing Officer or Director — Date