

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009422

FILED
Mar 23, 2009
Secretary of State

Entity Name: TAMPA BAY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

635 EICHENFELD DR
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

635 EICHENFELD DR
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-0891325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: KHANT, RANCHHOD N M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: TAMBOLI, HOSHEDAR M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: MESTER, STEPHEN M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: CHOKSHI, SAURABH K M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BUGNI, WILLIAM G M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BETZU, ROBERT M M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TAMBOLI, HOSHEDAR M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

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

Title: T (X) Change () Addition
Name: CHOKSHI, SAURABH K M.D.
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

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: RANCHHOD N KHANT

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date