

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009554

FILED
Apr 13, 2009
Secretary of State

Entity Name: TAMPA BAY BASEBALL COACHES ASSOCIATION, INC.

Current Principal Place of Business:

2127 W DR. MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2127 W DR. MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3778858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAGLIONE, PETER JR, ESQ
2127 W DR. MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 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: DP () Delete
Name: PERMUY, FRANK
Address: 2127W. DR. MARTIN L. KING
City-St-Zip: TAMPA, FL 33607

Title: DV () Delete
Name: FERNANDEZ, JOEY
Address: 8605 SWANN RIDGE CT
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: FAEDO, LANDY
Address: 2919 HEITER ST
City-St-Zip: TAMPA, FL 33607

Title: DS () Delete
Name: ROHRBERG, DICK
Address: 15602 LAKE GRACE DR
City-St-Zip: ODESSA, FL 33556

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:

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: PETER SCAGLIONE JR.

RA

04/13/2009

Electronic Signature of Signing Officer or Director

Date