

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009764

FILED
Apr 22, 2009
Secretary of State

Entity Name: TAMPA CHARITIES, INC.

Current Principal Place of Business:

2907 WEST STOVALL STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2907 WEST STOVALL STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-0391371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULS, STUART
2907 WEST STOVALL STREET
TAMPA, FL 33629 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: SULS, STUART
Address: 2907 WEST STOVALL STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ANDREASEN, SCOTT
Address: 5614 SUMTER COURT
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SMITH, DOUG
Address: 3813 BELLEWATER BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MITCHELL, MIKE
Address: 16611 WINDSOR PARK DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANDREASEN, SCOTT
Address: 909 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613

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

Title: D (X) Change () Addition
Name: MITCHELL, MIKE
Address: 10601 BROADLAND PASS
City-St-Zip: THONOTOSASSA, FL 33592

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: STUART SULS

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date