

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90056 034 \*\*\*\*61.25

**DOCUMENT # N04000004318**

1. Entity Name  
**TAMPA BAY AMERICANS WITH DISABILITIES  
ASSOCIATION, INC.**



Principal Place of Business  
**401 ROSARY RD. N.E. APT. #733  
LARGO, FL 33770**

Mailing Address  
**P.O. BOX 55116  
ST PETERSBURG, FL 33732-5116**



01122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**33-1091137**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PETERS, VIVIAN  
401 ROSARY RD. N.E  
LARGO, FL 33770**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PETERS, VIVIAN**  
STREET ADDRESS **401 ROSARY RD. N.E**  
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VP** ☐ Delete  
NAME **FERNANDEZ, JOAN**  
STREET ADDRESS **219 MT ISLE AVE NE**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **ST** ☐ Delete  
NAME **WILLIAMS, ADRIANNA**  
STREET ADDRESS **3960 55TH ST N, # 101**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **STEININGER, ADRIAN-LEE**  
STREET ADDRESS **3960 55TH ST. N. #101**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**VIVIAN PETERS**  
*Vivian Peters*

**1-12-08**

**727-581-6399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #