

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004318

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

401 ROSARY RD. N.E, APT. #733  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 55116  
ST PETERSBURG, FL 337325116

**New Mailing Address:**

401 ROSARY RD. N.E, APT. #733  
LARGO, FL 33770

FEI Number: 33-1091137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PETERS, VIVIAN  
401 ROSARY RD. N.E, APT. #733  
LARGO, FL 33770 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PETERS, VIVIAN  
Address: 401 ROSARY RD. N.E  
City-St-Zip: LARGO, FL 33770

Title: VP ( ) Delete  
Name: FERNANDEZ, JOAN  
Address: 219 MT ISLE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ST ( ) Delete  
Name: ADRIAN-LEE, STRININGER  
Address: 3960 55TH ST N #101  
City-St-Zip: SAINT PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PETERS, VIVIAN  
Address: 401 ROSARY RD. N.E, APT. #733  
City-St-Zip: LARGO, FL 33770

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

Title: ST (X) Change ( ) Addition  
Name: ADRIAN-LEE, STEININGER  
Address: 3960 55TH ST N APT. #101  
City-St-Zip: SAINT PETERSBURG, FL 33709

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: VIVIAN PETERS

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date