2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N04000010702

Entity Name: TAMPA ALUMNI GUIDE RIGHT FOUNDATION, INC.

Current Principal Place of Business:

3412 E. LAKE AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11367
TAMPA, FL 33680

New Mailing Address:

P.O. BOX 5062
TAMPA, FL 33675

FEI Number: 20-2507898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EZEANYA, ONYEMA DR.
3412 E. LAKE AVENUE
TAMPA, FL 33610 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:	MILLER, LESLIE JR	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	VP	( ) Delete
Name:	NARAIN, EDWIN	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	S	( ) Delete
Name:	EZEANYA, ONYEMA DR;	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	T	( ) Delete
Name:	JACKSON, KEVIN N	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	DIR	( ) Delete
Name:	SNEED, KEVIN B DR	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	DIR	( ) Delete
Name:	BELL, HENRY T	
Address:	3412 E. LAKE AVENUE	
City-St-Zip:	TAMPA, FL 33610 US	

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:	
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: KEVIN JACKSON T 03/17/2009

Electronic Signature of Signing Officer or Director — Date