

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04797

FILED
Jun 02, 2009
Secretary of State

Entity Name: TAMPA BAY RUNNERS, INC.

Current Principal Place of Business:

4902 N. FLORIDA AVE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 290372
P.O. BOX 290372
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 59-2130553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLSEN, LAWRENCE E
4902 NORTH FLORIDA AVE.
TAMPA, FL FL 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: PD () Delete
Name: OLSEN, LARRY
Address: 4902 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: WADDILL, SHEILA
Address: 201 W LAUREL ST #305
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: DONEHEW, CORY
Address: 913 W KIRBY ST
City-St-Zip: TAMPA, FL 33604

Title: VD () Delete
Name: KOSYK, KEN
Address: 8525 N ARMENIA AVE #61
City-St-Zip: TAMPA, FL 33604

Title: D (X) Delete
Name: SCHOENBLUM, DAVID
Address: 4009 MURIEL PL
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, ELIZABETH
Address: 14814 CARNATION DR
City-St-Zip: TAMPA, FL 33613

Title: SD (X) Change () Addition
Name: SORIA, RAUL
Address: 14814 CARNATION DR
City-St-Zip: TAMPA, FL 33613

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

Title: D (X) Change () Addition
Name: CHIN, TREVOR
Address: 9808 SIR FREDERICK ST
City-St-Zip: TAMPA, FL 33637

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: CORY DONEHEW

TD

06/02/2009

Electronic Signature of Signing Officer or Director

Date