

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001287

FILED
May 02, 2007
Secretary of State

Entity Name: BBFC-TT EDUCATION ENHANCEMENT PROGRAM INC

Current Principal Place of Business:

8718 N 46TH ST
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

8718 N 46TH ST
TAMPA, FL 33617

New Mailing Address:

FEI Number: 06-1736731 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:

MASON, EARL B SR
901 HICKORY FORK DR
SEFFNER, FL 33584 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: MASON, EARL B SR
Address: 901 HICKORY FORK DR
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: METCALF, IRIS C
Address: 5458 PENTAIL CIR
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: EDWARDS, CAMETRA
Address: 4812 ROCK FISH CT
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: HADLEY, ALVIN
Address: 12307 LANGSHAW DR
City-St-Zip: THONOTASSASA, FL 33592

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:

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: EARL B. MASON, SR.

D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date