

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001287

FILED  
Apr 26, 2012  
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 ( )**

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

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

Title: D  
Name: WHITE, LAWRENCE  
Address: 1923 S. MAYDELL DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: D  
Name: WILLIAMS, KEVIN  
Address: 10408 SASSAFRAS STREET  
City-St-Zip: TAMPA, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: EARL B. MASON, SR

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date