


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 041 \*\*\*\*61.25

<b>DOCUMENT # N05000003414</b> 1. Entity Name <b>GREATER TAMPA BAY CHAPTER OF AFCON INC.</b>					
Principal Place of Business <b>5714 RIDGESTONE DRIVE TAMPA, FL 33625 US</b>			Mailing Address <b>5714 RIDGESTONE DRIVE TAMPA, FL 33625 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5701 E. Hillsborough Ave</b>		3. Mailing Address <b>5701 E. Hillsborough Ave.</b>			
Suite, Apt. #, etc. <b>Suite 1110</b>		Suite, Apt. #, etc. <b>Suite 1110</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33610</b>		Country <b>US</b>		Zip <b>33610</b>	
Country <b>US</b>		Country <b>US</b>			
4. FEI Number <b>51-0532574</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>JONES, MICHAEL B 5714 RIDGESTONE DRIVE TAMPA, FL 33625</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Michael B. Jones</i></u> <b>Michael B. Jones, Treasurer</b> <b>1-25-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>HARDEN, JEANNE</b> STREET ADDRESS <b>505 EAST STREET</b> CITY-ST-ZIP <b>TAMPA, FL 33602</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>Jeff Potter</b> STREET ADDRESS <b>880 Carillon Pkwy Tower 1, Dept. 12 J</b> CITY-ST-ZIP <b>Saint Petersburg, FL 33716-1102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>RODRIGUEZ, ISMAEL</b> STREET ADDRESS <b>505 EAST ST</b> CITY-ST-ZIP <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Rodriguez, Ismael</b> STREET ADDRESS <b>2526 N. Falkenburg Rd.</b> CITY-ST-ZIP <b>Tampa, FL 33619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>POTTER, JEFF</b> STREET ADDRESS <b>880 CARILLON PKWY TOWER 1, DEPT 12J</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 337161102</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>Eric Heckathorne</b> STREET ADDRESS <b>1 Valpak Avenue</b> CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>SCOTT, RICK</b> STREET ADDRESS <b>1107 N WARD ST</b> CITY-ST-ZIP <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Scott, Rick</b> STREET ADDRESS <b>12001 31st Court North</b> CITY-ST-ZIP <b>Saint Petersburg, FL 33716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>AMES, CHRIS</b> STREET ADDRESS <b>2850 SCHERER DR SUITE 550</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>Jones, Michael B.</b> STREET ADDRESS <b>5701 E. Hillsborough Ave. Suite 1110</b> CITY-ST-ZIP <b>Tampa, FL 33610</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michael B. Jones</i></u> <b>Michael B. Jones, treasurer</b> <b>1/25/2008</b> <b>813-635-7796</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					