## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004274

FILED Feb 02, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF TIGER BAY CLUBS, INC.

Current Principal Place of Business: New Principal Place of Business:

4018 CORRIENTES CT. S. 910 N WESTMORELAND DR JACKSONVILLE, FL 32217 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

4018 CORRIENTES CT. S. 910 N WESTMORELAND DR JACKSONVILLE, FL 32217 ORLANDO, FL 32804

FEI Number: 83-0434155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCBURNEY, CHARLES W JR
76 S. LAURA STREET
SUITE 590

BAKER, STEPHEN
1846 MALLORY ST
# 14

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32205 US

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: STEPHEN BAKER 02/02/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: CHAPPELL, JEANE Name: KUDLACZ, ANDREA

Address: 4068 CORRIENTES COURT S. Address: 910 N WESTMORELAND DR City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: KUDIACZ, ANDREA Name: SIMMS-POWEL, TAMI

 Address:
 P.O. BOX 7066
 Address:
 1742 MICHIGAN AVE., NE

 City-St-Zip:
 ORLANDO, FL 32854
 City-St-Zip:
 ST PETERSBURG, FL 33703

Title: S () Delete Title: () Change () Addition Name: LUDWIG, HELEN Name:

Address: 3528 MAJESTIC OAKS DR Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip:

 Name:
 BAKER, STEVE PH.D
 Name:
 BAKER, STEPHEN

 Address:
 2800 UNIVERSITY BLVD N.
 Address:
 1846 MALLORY ST, # 14

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32205

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: STEPHEN BAKER T 02/02/2009