

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004896

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TAMPA BAY INFERNO INCORPORATED

**Current Principal Place of Business:**

30517 COLEHAVEN CT  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

30517 COLEHAVEN CT  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 43-2078863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GIVENS, JOAN R  
30517 COLEHAVEN CT  
WESLEY CHAPEL, FL 33543      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: P ( ) Delete  
Name: GIVENS, JOAN R  
Address: 30517 COLEHAVEN CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP ( ) Delete  
Name: WOODARD, LORA  
Address: 93 CAMELOT RIDGE DR  
City-St-Zip: BRANDON, FL 33511

Title: S ( ) Delete  
Name: GIVENS, HAROLD  
Address: 30517 COLEHAVEN CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T ( ) Delete  
Name: GENTRY, NANCY B  
Address: 30817 PROUT CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GIVENS, HAROLD  
Address: 30517 COLEHAVEN CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S (X) Change ( ) Addition  
Name: GENTRY, CLARENCE  
Address: 30817 PROUT CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: JOAN R GIVENS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date