

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006276

FILED
Jun 19, 2008
Secretary of State

Entity Name: KIDS CHARITY OF TAMPA BAY, INC.

Current Principal Place of Business:

4115 WEST SPRUCE STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4115 WEST SPRUCE STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-0900271 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:

Name and Address of New Registered Agent:

HANNA, LINDA C
600 SOUTH MAGNOLIA AVENUE
SUITE 125
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: BERGER-MACKINNON, DOTTIE
Address: 334 BLANCA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MURMAN, SANDRA
Address: 410 BLANCA AVE.
City-St-Zip: TAMPA, FL 33606

Title: O () Delete
Name: YOB, JON
Address: 1430 TAMPA EAST BLVD., SUITE C
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: SINGER, GILBERT M
Address: 3406 W. MULLEN AVE.
City-St-Zip: TAMPA, FL 33609

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: DOTTIE BERGER MACKINNON

CH

06/19/2008

Electronic Signature of Signing Officer or Director

Date