2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N05000007818

Entity Name: TEAM SURVIVOR TAMPA BAY, INC.

Current Principal Place of Business:

30662 USF HOLLY DR.
TAMPA, FL 336203066

New Principal Place of Business:

Current Mailing Address:

30662 USF HOLLY DR.
TAMPA, FL 336203066

New Mailing Address:

FEI Number: 20-3337608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'CONNELL, LIZ
16104 DOWLING CT
TAMPA, FL 33647 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: NASRALLAH, VERNA
Address: 119 GOINS DR
City-St-Zip: SEFFNER, FL 33584

Title: V ( ) Delete
Name: MURPHY, KATHLEEN
Address: 2914 N. SHOREVIEW DR.
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: CLARKE, JENNIFER M
Address: 212 S GUNLOCK AVE
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete
Name: SEMKO, MARIANNE
Address: 4645 MARCROSS LN.
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, ELAINE
Address: 835 TIMBER POND DR
City-St-Zip: BRANDON, FL 33510

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: JENNIFER M CLARKE SEC 04/10/2009

Electronic Signature of Signing Officer or Director — Date