

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011888

FILED
Apr 30, 2008
Secretary of State

Entity Name: WINTER PRIDE TAMPA BAY, INC.

Current Principal Place of Business:

2429 CENTRAL AVENUE
SUITE 201
ST PETERSBURG, FL 33713

Current Mailing Address:

PO BOX 21042
TAMPA, FL 336221042 US

New Principal Place of Business:

301 N PLATT STREET
SUITE 152
TAMPA, FL 33606

New Mailing Address:

301 N PLATT STREET
SUITE 152
TAMPA, FL 33606

FEI Number: 20-3837621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNA, HENSON
5205 14TH AVE S
GULFPORT, FL 33707 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: PD () Delete
Name: FEIST, BRIAN
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042

Title: VPD () Delete
Name: POLLEY, ROBERT
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042

Title: SD () Delete
Name: MARK, NASH
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042

Title: TD () Delete
Name: HENSON, DONNA K
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042

Title: D () Delete
Name: MCGOWAN, PAUL W
Address: PO BOX 21042
City-St-Zip: TAMPA, FL 336221042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FEIST, BRIAN
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: BRUNDRAGE, SHARON
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: SD (X) Change () Addition
Name: MARK, NASH
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: TD (X) Change () Addition
Name: HENSON, DONNA K
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: MCGOWAN, PAUL W
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606

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: DONNA HENSON

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date