

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 22, 2008
Secretary of State

DOCUMENT# N05000011888

Entity Name: WINTER PRIDE TAMPA BAY, INC.**Current Principal Place of Business:**301 N PLATT STREET
SUITE 152
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**301 N PLATT STREET
SUITE 152
TAMPA, FL 33606**New Mailing Address:****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:**MCGOWAN, PAUL W
301 N PLATT STREET
152
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: PAUL W MCGOWAN

07/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD () Delete
Name: FEIST, BRIAN
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606**Title:** PD () Delete
Name: BRUNDAGE, SHARON
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606**Title:** SD () Delete
Name: MARK, NASH
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606**Title:** TD (X) Delete
Name: HENSON, DONNA K
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606**Title:** PD () Delete
Name: MCGOWAN, PAUL W
Address: 301 N PLATT STREET
City-St-Zip: TAMPA, FL 33606**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:**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: DONNA HENSON

OF

07/22/2008

Electronic Signature of Signing Officer or Director

Date