

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2008
Secretary of State

DOCUMENT# N05000012024

Entity Name: ELECTED COUNTY MAYOR POLITICAL COMMITTEE, INC.**Current Principal Place of Business:**315 PLANT AVE
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**315 PLANT AVE
TAMPA, FL 33606**New Mailing Address:****FEI Number:** 20-4076120**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STILES, MARY ANN
315 PLANT AVENUE
TAMPA, FL 33606 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: DP () Delete
Name: STILES, MARY ANN
Address: 315 S PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: DS () Delete
Name: SMITH, BARRY
Address: 804 GUESANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: LUCONTRO, GLENDA
Address: 317 CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: KOEHLER, KEITH
Address: 502 NORTH ARMENIA 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: T (X) Change () Addition
Name: KOEHLER, KEITH
Address: 401 NORTH HOWARD AVENUE
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: KEITH W KOEHLER

T

05/05/2008

Electronic Signature of Signing Officer or Director

Date