2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
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 (X)**

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

Title: T ( ) Delete
Name: KOEHLER, KEITH
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STILES, MARY ANN
Address: 315 S PLANT AVE
City-St-Zip: TAMPA, FL 33606 US

Title: DS (X) Change ( ) Addition
Name: SMITH, BARRY
Address: 16201 SONSOLES DE AVILA
City-St-Zip: TAMPA, FL 33613 US

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: MARY ANN STILES P 04/12/2009
Electronic Signature of Signing Officer or Director — Date