

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 005 ****71.00

DOCUMENT # N06000001385

1. Entity Name
SULPHUR SPRINGS ALLIANCE, INC.



Principal Place of Business
**8218 N. MARKS ST.
TAMPA, FL 33604**

Mailing Address
**8218 N. MARKS ST.
TAMPA, FL 33604**

40112696



07102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5026632

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, JOSEPH
1621 MULBERRY ST
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, JOSEPH
1621 N. MULBERRY DR.
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSS, ED
7901 N. KLONDYKE
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VADNAIS, TIM
1751 N. MULBERRY DR.
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARNOLD, SHELLY
8016 N. BROOKS
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEAL, STEVE
8405 N. 11TH ST.
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2008
Date

(813) 931-1252
Daytime Phone #