



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90016 028 \*\*\*\*70.00

<b>DOCUMENT # N06000002146</b> 1. Entity Name <b>GRANTS COLLABORATIVE OF TAMPA BAY, INC.</b>					
Principal Place of Business <b>5180 62ND AVENUE NORTH PINELLAS PARK, FL 33781</b>				Mailing Address <b>5180 62ND AVENUE NORTH PINELLAS PARK, FL 33781</b>	
2. Principal Place of Business - No P.O. Box # <b>1665 25th Avenue North</b>		3. Mailing Address <b>1665 25th Avenue North</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02252008    Chg-NP    CR2E037 (12/06)	
City & State <b>St Petersburg FL</b>		City & State <b>St. Petersburg FL</b>		4. FEI Number <b>22-3927868</b>	
Zip <b>33713</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33713</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, LISA 5180 62ND AVENUE NORTH PINELLAS PARK, FL 33781</b>				7. Name and Address of New Registered Agent  Name <b>SHAW, ELIZABETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>117 11th Avenue</b>  City <b>Indian Rocks Beach</b> <b>FL</b> Zip Code <b>33785</b>	
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 <i>Elizabeth Shaw</i> <i>Elizabeth Shaw</i> <i>3/14/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JACKSON, LISA</b> <input checked="" type="checkbox"/> Delete <b>5180 62ND AVENUE NORTH</b> <b>PINELLAS PARK, FL 33781</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAMBLISS, LEIGH</b> <input checked="" type="checkbox"/> Delete <b>PO BOX 320591</b> <b>TAMPA, FL 336792591</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DALY, PAT</b> <input type="checkbox"/> Delete <b>11254 58TH STREET N</b> <b>PINELLAS PARK, FL 33782</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GODFREY, PAULA</b> <input type="checkbox"/> Delete <b>1330 CLEVELAND STREET</b> <b>CLEARWATER, FL 33755</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLEISHMAN, DALE B</b> <input type="checkbox"/> Delete <b>PO BOX 66787</b> <b>ST PETE BEACH, FL 337366787</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAW, ELIZABETH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>117 11th AVENUE</b> <b>INDIAN ROCKS BEACH FL 33785</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>Dale B. Fleishman</i> <i>3/13/08</i> <i>721 360-6852</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					