## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004359

FILED Apr 19, 2009 Secretary of State

Entity Name: TAMPA AREA MARINE PARENTS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5205 N. 12TH STREET TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 5205 N. 12TH STREET P.O. BOX 7915 TAMPA, FL 33603 TAMPA, FL 33673 FEI Number: 02-0775646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEATHE, STELLA C PRES. 5205 N 12TH STREET TAMPA, FL 33603 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TRIBUTINO, CHARLENE A DEATHE, STELLA C Name: Name: 401 LAKE DRIVE Address: 5205 N. 12TH ST. Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: TAMPA, FL 33603 US Title: Title: ( ) Delete ( ) Change (X) Addition Name: RICCI, ERIC Name: Address: Address: 7233 HOLLOWELL DRIVE City-St-Zip: City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: ( ) Change (X) Addition SMITH, PAULA Name: Name: 3008-7TH AVENUE N. Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG., FL 33713 Title: () Delete Title: ( ) Change (X) Addition Name: Name: NOVATKO, BRUCE Address: Address: 22935 BAY CEDAR DRIVE City-St-Zip: City-St-Zip: LAND O'LAKES,, FL 34639 Title: () Delete Title: ( ) Change (X) Addition SARDINAS, KYMBERLY Name: Name: 5205 N. 12TH ST. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33603 Title: () Delete Title: ( ) Change (X) Addition MCKENZIE. ROBERT Name: Name: Address: Address: 8519 FANTASIA PARK WAY RIVERVIEW, FL 33569 City-St-Zip: 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: STELLA C. DEATHE CEO 04/19/2009