

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004359

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** TAMPA AREA MARINE PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

5205 N. 12TH STREET  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7915  
TAMPA, FL 33673

**New Mailing Address:**

**FEI Number:** 02-0775646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEATHE, STELLA C PRES.  
5205 N 12TH STREET  
TAMPA, FL 33603 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: T  
Name: DEATHE, STELLA CYD  
Address: 5205 N. 12TH ST.  
City-St-Zip: TAMPA, FL 33603

Title: T  
Name: QUAILES, SAMANTHA  
Address: 13003 OAKMONT WOOD COURT  
City-St-Zip: RIVERVIEW, FL 33579

Title: T  
Name: NOVATKO, KIM  
Address: 22935 BAY CEDAR DRIVE  
City-St-Zip: LAND O'LAKES,, FL 34639

Title: T  
Name: SARDINAS, KYMBERLY  
Address: 3409 PARK SQUARE #4  
City-St-Zip: TAMPA, FL 33613

I hereby 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 all other like empowered.

SIGNATURE: STELLA CYD DEATHE

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date