

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009025

FILED
Jan 06, 2009
Secretary of State

Entity Name: TAMPA BAY GREAT BOOKS COUNCIL, INC.

Current Principal Place of Business:

9707 SUNNY OAK DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

9707 SUNNY OAK DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-5436764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARCO, PATRICK
9707 SUNNY OAK DRIVE
RIVERVIEW, FL 33569 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: DO () Delete
Name: COHEN, SARA
Address: 9707 SUNNY OAK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: DS () Delete
Name: DEMARCO, PATRICK
Address: 9707 SUNNY OAK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: DT () Delete
Name: STARR, JESSE
Address: 12831 GREENWILLOW DR
City-St-Zip: TAMPA, FL 33647

Title: DVP () Delete
Name: HARVEY, NEIL
Address: 9707 SUNNY OAK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COHEN, SARA
Address: 510 CRESTOVER DRIVE
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: HARVEY, NEIL
Address: 7021 DOREEN STREET
City-St-Zip: TAMPA, FL 33617

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: PATRICK T. DEMARCO

DS

01/06/2009

Electronic Signature of Signing Officer or Director

Date