2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009545

Entity Name: TAMPA WRITERS ALLIANCE, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2107 WEST FORE DRIVE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 501 ROYAL WOOD CT VALRICO, FL 33594 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUBOSE, PAUL P 501 ROYAL WOOD CT VALRICO, FL 33594 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: () Change () Addition () Delete DARLING, MICHAEL Name: Name: 1107 W CAMELLIA DR Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: () Delete Title: () Change () Addition DURLACHER, JAMES Name: Name: Address: 14007 FULLERTON DR Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: () Delete Title: (X) Change () Addition MILLER, BETH Name: TAYLOR, CHRIS Name: 16804 SHERINGHAM LN 5311 SWALLOW DR Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: LAND O'LAKES, FL 34639 Title: TD () Delete Title: () Change () Addition DUBOSE, PAUL P Name: Name: 501 ROYAL WOOD CT Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALUOTTO, MARIANNE Name: Name: DYE, KEN 6008 CRICKETHOLLOW DR 3432 SR 580 #304 Address: Address: SAFETY HARBOR, FL 34695 City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOSCARDINI, CHARRIE KISCHUK, SANDRA Name: Name: Address: 1403 N BAYSHORE DR Address: 2107 WEST FORE DRIVE SAFETY HARBOR, FL 34695 TAMPA, FL 33612 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: PAUL P DUBOSE TD 01/12/2009