

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003729

FILED
Jan 26, 2009
Secretary of State

Entity Name: TAMPA BAY RELATIONAL USERS GROUP, INC.

Current Principal Place of Business:

11330 PERKLE RD.
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

11330 PERKLE RD.
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 05-9295736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, GREGG C
720 BRUCE AVE.
CLEARWATER, FL 33767 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: CHRM () Delete
Name: WILLIAMSON, ROBERTA C
Address: 11330 PERKLE RD.
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: JOHNSON, GREGG C
Address: 720 BRUCE AVE.
City-St-Zip: CLEARWATER, FL 33707

Title: D () Delete
Name: NIDADAVOLU, GANDHI CHAIR-P
Address: 19125 CYPRESS BEACH LN
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: MANCUSO, DENNIS
Address: 1532 YEOMANS PATH
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: MORELLI, ELAINE CHAIR-P
Address: 15903 PRINCE WILLIAM PL
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: SCHRAY, BILL REP.
Address: 7 BAY HILL COURT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
Name:
Address:
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: GREGG C. JOHNSON

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date