

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004692

FILED
Apr 30, 2008
Secretary of State

Entity Name: TEDRICK D. MAYNARD TIGHTEN-UP COMMUNITY OUTREACH PROGRAM, INC.

Current Principal Place of Business:

4668 ASHBURN SQUARE DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4668 ASHBURN SQUARE DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 30-0422099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, BETTY
4668 ASHBURN SQUARE DRIVE
TAMPA, FL 33610 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: FP () Delete
Name: KNOWLES, BETTY
Address: 4668 ASHBURN SQUARE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: KNOWLES, MATTHEW
Address: 4668 ASHBURN SQUARE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: LANGSTON, LAWANDA
Address: 3617 N 52ND STREETE DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: SHANNON, MATTIE R DR.
Address: 1009 A-3 GREEN PINE BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ADMS () Delete
Name: JACKSON, KIMBERLY
Address: 927 MILL STONE DRIVE
City-St-Zip: MARIETTA, GA 30062

Title: ACOU () Delete
Name: MAYNARD, LAMAR
Address: 11695 LONNIE MILLER CT
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PROD (X) Change () Addition
Name: KNOWLES, MATTHEW
Address: 4668 ASHBURN SQUARE DRIVE
City-St-Zip: TAMPA, FL 33610

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

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

Title: ADMS (X) Change () Addition
Name: JENKINS, ANTOINETTE
Address: 623 LAKEMONT DR
City-St-Zip: BRANDON, FL 33510

Title: T (X) Change () Addition
Name: PARKER, PERSIS
Address: 1009 S GIBBS ST
City-St-Zip: TAMPA, FL 33612

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: BETTY KNOWLES

FP

04/30/2008

Electronic Signature of Signing Officer or Director

Date