

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004807

FILED
Jun 03, 2008
Secretary of State

Entity Name: TARPON ALLIANCE FOR HUMANITY, INC.

Current Principal Place of Business:

4826 PHOENIX AVENUE
HOLIDAY, FL 34690

New Principal Place of Business:

35246 US HIGHWAY 19 N
#209
PALM HARBOR, FL 34684

Current Mailing Address:

4826 PHOENIX AVENUE
HOLIDAY, FL 34690

New Mailing Address:

35246 US HIGHWAY 19 N
#209
PALM HARBOR, FL 34684

FEI Number: 26-2727426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PREMUTO, MICHELLE R
4826 PHOENIX AVENUE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

HENDERSON, TOM
35246 US HIGHWAY 19 N
#209
PALM HARBOR, FL 34684 US

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: TOM HENDERSON

06/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: BRANT, ED
Address: 1339 PARK STREET
City-St-Zip: CLEARWATER, FL 33756

Title: VP,D () Delete
Name: HENDERSON, TOM
Address: 35246 US HWY 19N, #209
City-St-Zip: PALM HARBOR, FL 34684

Title: T,S () Delete
Name: PREMUTO, MICHELLE
Address: 4826 PHOENIX AVENUE
City-St-Zip: HOLIDAY, FL 34690

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: HENDERSON, TOM
Address: 35246 US HIGHWAY 19 N
City-St-Zip: PALM HARBOR, FL 34684

Title: VP,D (X) Change () Addition
Name: WEBER, PATRICIA
Address: 500 S WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T (X) Change () Addition
Name: VON EIGEN, CARL
Address: 409 WHITCOMB BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Change (X) Addition
Name: WEBER, WANDA
Address: 101 W COURT ST
City-St-Zip: TARPON SPRINGS, FL 34689

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: TOM HENDERSON

PD

06/03/2008

Electronic Signature of Signing Officer or Director

Date