

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 23, 2008**  
**Secretary of State**

DOCUMENT# N07000004807

**Entity Name:** TARPON ALLIANCE FOR HUMANITY, INC.**Current Principal Place of Business:**35246 US HIGHWAY 19 N  
#209  
PALM HARBOR, FL 34684**New Principal Place of Business:****Current Mailing Address:**35246 US HIGHWAY 19 N  
#209  
PALM HARBOR, FL 34684**New Mailing Address:****FEI Number:** 26-2727426**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HENDERSON, TOM  
35246 US HIGHWAY 19 N  
#209  
PALM HARBOR, FL 34684 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:** P,D ( ) Delete  
**Name:** HENDERSON, TOM  
**Address:** 35246 US HIGHWAY 19 N  
**City-St-Zip:** PALM HARBOR, FL 34684**Title:** VP,D ( ) Delete  
**Name:** WEBER, PATRICIA  
**Address:** 500 S WALTON AVE  
**City-St-Zip:** TARPON SPRINGS, FL 34689**Title:** T ( ) Delete  
**Name:** VON EIGEN, CARL  
**Address:** 409 WHITCOMB BLVD  
**City-St-Zip:** TARPON SPRINGS, FL 34689**Title:** S ( ) Delete  
**Name:** WEBER, WANDA  
**Address:** 101 W COURT ST  
**City-St-Zip:** TARPON SPRINGS, FL 34689**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** VOM EIGEN, CARL  
**Address:** 409 WHITCOMB BLVD  
**City-St-Zip:** TARPON SPRINGS, FL 34689**Title:** S (X) Change ( ) Addition  
**Name:** NOTARDONATO, MICHELLE  
**Address:** 12065 PROCTOR LOOP #4  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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

P. D

06/23/2008

Electronic Signature of Signing Officer or Director

Date