

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004807

FILED
Mar 19, 2009
Secretary of State

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: VOM EIGEN, CARL
Address: 409 WHITCOMB BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: NOTARDONATO, MICHELLE
Address: 12065 PROCTOR LOOP #4
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: CARL VOM EIGEN

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date