2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006561

FILED Apr 30, 2009 Secretary of State

Entity Name: LIFEWORK LEADERSHIP TAMPA BAY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
BRD FLOO					
ΓΑΜΡΑ, F	L 33609 US	3			
Current M	lailing Addres	s:	New Mailing Addre	ess:	
PO BOX 2 FAMPA, F		3			
El Number	: 26-0476310	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
	, KENNETH A AMORE DR. L 33618 US	3			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
		ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Nddress: Dity-St-Zip:	KOBEL, EDWA	EDY BLVD., 3RD FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
			Title:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	ALTMAN, RONA	ATH ISLES WAY	Name: Nadress: City-St-Zip:	(,,	
Fitle: Name: Nddress:	ALTMAN, RONA 4811 CULBREA TAMPA, FL 336 S () GRANT, JOHN	ALD ATH ISLES WAY 329 US Delete E GROVE DRIVE	Name: Address:	() Change () Addition	
Title: Jame: Jame: Jame: Jame: Jame: Jame: Jame: James:	ALTMAN, RONA 4811 CULBREA TAMPA, FL 330 S () GRANT, JOHN 10025 ORANGE TAMPA, FL 330 D () COLLINS, ROB	ALD ATH ISLES WAY 629 US Delete E GROVE DRIVE 618 Delete ERT HORE BLVD, SUITE 504	Name: Address: City-St-Zip: Title: Name: Address:		
Title: lame: Address: City-St-Zip: Value: lame: Address: City-St-Zip: City-St-Zip: Value: Value: Value: Value: Valuess:	ALTMAN, RONA 4811 CULBREA TAMPA, FL 336 S () GRANT, JOHN 10025 ORANGE TAMPA, FL 336 D () COLLINS, ROB 1408 N WESTS TAMPA, FL 336	ALD ATH ISLES WAY 629 US Delete E GROVE DRIVE 618 Delete ERT HORE BLVD, SUITE 504 607 Delete MES P VAY 19 NORTH	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

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: KENNETH A. WIEBECK RA 04/30/2009