

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007076

FILED
Apr 17, 2009
Secretary of State

Entity Name: GUYANESE CULTURAL NETWORK OF TAMPA BAY INC.

Current Principal Place of Business:

12801 RETORIA CIRCLE
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

PO BOX 261926
TAMPA, FL 33685

New Mailing Address:

FEI Number: 26-0765285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOY W
12801 RETORIA CIRCLE
TAMPA, FL 33625 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: PD () Delete
Name: STEPHEN, WESRICK
Address: 1422 DUMONT DR
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: BUSGITH, CHANDRA
Address: 884 ADDISON DR NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: SD () Delete
Name: WILLIAMS, COLEEN
Address: 8301 W ELM ST
City-St-Zip: TAMPA, FL 33615

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WAYNE, FORDE
Address: 14704 PENGUIN PL
City-St-Zip: TAMPA, FL 33625

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

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

Title: VD () Change (X) Addition
Name: FRASER, CARLTON
Address: 1904 RENSSELAER DR
City-St-Zip: WESLEY CHAPEL, FL 33543

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: COLEEN WILLIAMS

SD

04/17/2009

Electronic Signature of Signing Officer or Director

Date