

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007167

FILED
Feb 21, 2009
Secretary of State

Entity Name: THE PRESBYTERIAN LEARNING CENTERS OF TAMPA BAY, INC.

Current Principal Place of Business:

4110 N MAC DILL AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4110 N MAC DILL AVE
TAMPA, FL 33607

New Mailing Address:

4110 N MACDILL AVE
TAMPA, FL 33607

FEI Number: 20-4013034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, EARL REV.
4120 NORTH MACDILL AVENUE
TAMPA, FL 33607 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: D () Delete
Name: PATTERSON, DIANNE
Address: 2615 PARKLAND BLVD
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: KENNEDY, LIZ
Address: 5718 GORDON AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: FERNANDEZ, OLGA
Address: 9649 WILSKY BLVD #2
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: HOLMES, PAT
Address: 3819 W. HORATIO
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: FENLON, CINDY
Address: 2911 BAYSHORE VISTA DRIVE
City-St-Zip: TAMPA, FL 33611

Title: D (X) Delete
Name: LAMBERT, MICHELE
Address: 5922 CHERRY OAK DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: KENNEDY, LIZ
Address: 5718 GORDON AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VC (X) Change () Addition
Name: PITTMAN, ANNE
Address: 2615 PARKLAND BLVE
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change () Addition
Name: BRANNAN, KIM
Address: 5020 LONGFELLOW AVE
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change () Addition
Name: TROJANOWSKI, CONSTANCE
Address: 800 S DAKOTA AVE., #333
City-St-Zip: TAMPA, FL 33606

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: CONSTANCE TROJANOWSKI

T

02/21/2009

Electronic Signature of Signing Officer or Director

Date