

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009195

FILED
Apr 07, 2008
Secretary of State

Entity Name: NORTH TAMPA ARTS LEAGUE, INC.

Current Principal Place of Business:

COMPTON PARK AT TAMPA PALMS
16101 COMPTON DIVE.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 49034
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 68-0658110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, KIMBERLY A
1710 NEWBERGER ROAD
LUTZ, FL 33549 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 () Delete
Name: THOMPSON, KIMBERLY A
Address: 1710 NEWBERGER ROAD
City-St-Zip: LUTZ, FL 33549 US

Title: VP () Delete
Name: BITNER, MARY E
Address: 7216 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647 US

Title: VP () Delete
Name: LONG, ANITA
Address: 7601 LEON AVE.
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: SEC () Delete
Name: ANDERSON, DOROTHY
Address: 37548 SKYVIEW CIRCLE
City-St-Zip: DADE CITY, FL 33525 US

Title: TREA () Delete
Name: SHANNON, GENIE
Address: 9411 LARKBUNTING DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: EX-O () Delete
Name: HENNE, JOHN
Address: 15807 SERENITY CIRCLE
City-St-Zip: TAMPA, FL 33647 US

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:

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City-St-Zip:

Title: () Change () Addition
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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: GENIE SHANNON

TREA

04/07/2008

Electronic Signature of Signing Officer or Director

Date