

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 023 \*\*\*\*70.00

<b>DOCUMENT # N07000009635</b> 1. Entity Name CBY25 INITIATIVE, INC.					
Principal Place of Business 405 EAST PALM AVENUE TAMPA, FL 33602			Mailing Address 405 EAST PALM AVENUE TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # <b>313 EAST OAK AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>313 EAST OAK AVENUE</b> Suite, Apt. #, etc.			
City & State <b>TAMPA FLORIDA</b>		City & State <b>TAMPA FLORIDA</b>		4. FEI Number <b>74-3239498</b>	
Zip <b>33602</b>		Country <b>UNITED STATES</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANNA, LINDA C</b> <b>600 S. MAGNOLIA AVENUE., SUITE 125</b> <b>TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, JOSEPH W</b> <b>2530 W. PROSPECT STREET</b> <b>TAMPA, FL 33629</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>JAMES WILLIAMS</b> <b>PO Box 2127</b> <b>VALERICO, Florida 33595</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ODDUS, ALVO M</b> <b>312 GULF BOULEVARD, UNIT C</b> <b>INDIAN ROCKS BEACH, FL 33785</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZAMBITO, DIANE M</b> <b>4434 HOMEWOOD LANE</b> <b>LAKELAND, FL 33811</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Diane M. Zambito</i> DIANE M. Zambito</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/27/08</b> <small>Date</small>	<b>813-222-0099</b> <small>Daytime Phone #</small>