

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009635

FILED  
May 01, 2009  
Secretary of State

Entity Name: CBY25 INITIATIVE, INC.

## Current Principal Place of Business:

313 EAST OAK AVE  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

313 EAST OAK AVE  
TAMPA, FL 33602 US

## New Mailing Address:

FEI Number: 74-3239498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

HANNA, LINDA C  
600 S. MAGNOLIA AVENUE., SUITE 125  
TAMPA, FL 33606 US

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: CLARK, JOSEPH W  
Address: 2530 W. PROSPECT STREET  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: ODDUS, ALVO M  
Address: 312 GULF BOULEVARD, UNIT C  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete  
Name: ZAMBITO, DIANE M  
Address: 4434 HOMEWOOD LANE  
City-St-Zip: LAKE LAND, FL 33811

Title: T/D (X) Delete  
Name: WILLIAMS, JAMES  
Address: PO BOX 2127  
City-St-Zip: VALRICO, FL 33595

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: ODDIS, ALVO M  
Address: 312 GULF BOULEVARD, UNIT C  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JAMES  
Address: PO BOX 2127  
City-St-Zip: VALRICO, FL 33595

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: ALVO M. ODDIS

D

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date