

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000346

FILED
Mar 21, 2009
Secretary of State

Entity Name: ON OUR OWN OF TAMPA BAY, INC.

Current Principal Place of Business:

2109 W. NORTH B STREET
TAMPA, FL 33606

New Principal Place of Business:

125 17TH AVE N.
ST. PETERSBURG, FL 33704

Current Mailing Address:

C/O KATE SAWA 2109 W. NORTH B STREET
TAMPA, FL 33606

New Mailing Address:

125 17TH AVE N.
ST. PETERSBURG, FL 33704

FEI Number: 26-2828217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O MICAH G. FOGARTY
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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: SAWA, KATE
Address: 2109 W. NORTH B STREET
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: SAWA, MICHAEL
Address: 2109 W. NORTH B STREET
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: ENGLERT, SCOTT
Address: 2422 BENT TREE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAWA, KATE
Address: 125 17TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VPD (X) Change () Addition
Name: SAWA, MICHAEL
Address: 125 17TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33704

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: MICHAEL F SAWA

VPD

03/21/2009

Electronic Signature of Signing Officer or Director

Date