2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N08000002942

Entity Name: CLASS SOURCE OF TAMPA, INC.

Current Principal Place of Business:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

15928 DOVER CLIFFE DRIVE
LUTZ, FL 33548

New Mailing Address:

FEI Number: 41-2273649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FOX, DINA B MRS.
15928 DOVER CLIFFE DRIVE
LUTZ, FL 33548 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: FOX, DINA B
Address: 15928 DOVER CLIFFE DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: VP ( ) Delete
Name: HAMMOND, BEULAH A
Address: 17312 LYNDANN DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: T ( ) Delete
Name: FOX, JEFFREY A
Address: 15928 DOVER CLIFFE DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: S ( ) Delete
Name: GRAY, FREDERIC
Address: 6108 RAIN BRIAR COURT
City-St-Zip: TEMPLE TERRACE, FL 33617 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:

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: DINA FOX MRS. 05/02/2009
Electronic Signature of Signing Officer or Director — Date