

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005844

FILED
Apr 11, 2009
Secretary of State

Entity Name: TAMPA BAY BUSINESS TRAVEL ASSOCIATION, INC.

Current Principal Place of Business:

110 NORTH ROYAL STREET
4TH FLOOR
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20192
TAMPA, FL 33622

New Mailing Address:

FEI Number: 52-1938003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRUNTY, JOSEPH N
3355 W. BEARSS AVENUE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

BATES, RENE M
2725 SCHERER DRIVE
SAINT PETERSBURG, FL 33716 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: RENE BATES

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TURTON, LEANNE
Address: 4860 W KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: KIRSNER, WENDY
Address: 27500 RIVERVIEW CENTER BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TREA () Delete
Name: PRUNTY, JOSEPH N
Address: 3355 W. BEARSS AVENUE
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: WILLIAMS, MARK
Address: 88 ADALIA AVENUE
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: HAWES, DEBBIE
Address: 3109 W. DR. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: SECT () Delete
Name: FIORILLO, PATRICK
Address: 3523 TOWN AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BILL, KNEPPER
Address: 88 ADALIA AVENUE
City-St-Zip: TAMPA, FL 33618

Title: TREA (X) Change () Addition
Name: BATES, RENE M
Address: 2725 SCHERER DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33716

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: RENE BATES

TREA

04/11/2009

Electronic Signature of Signing Officer or Director

Date