2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N08000007455

Entity Name: TAMPA BAY COMMITTEE TO BLESS ISRAEL, INC.

Current Principal Place of Business:

4320 BAY TO BAY BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

27 E. ORANGE STREET
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 26-3146322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLIMIS, GEORGE N. ESQ.
27 EAST ORANGE STREET
TARPON SPRINGS, FL 34689 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: DP ( ) Delete
Name: MICHAEL, MARY DEE
Address: 6319 NEWTOWN CIR., B-2
City-St-Zip: TAMPA, FL 33615

Title: DT ( ) Delete
Name: LEEF, RON
Address: 3403 BROOKSHIRE CT.
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete
Name: STEWART, LINDA
Address: 11040 NAVAJO DR.
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D ( ) Delete
Name: WEILER, STEVE
Address: 4830 W. BAY VILLA AVE.
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: KLIMIS, GEORGE N.
Address: 27 E. ORANGE ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: KOEVERING, JOE V.
Address: 7234 1ST AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

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:

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: RON LEEF DT 04/14/2009

Electronic Signature of Signing Officer or Director — Date