

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008022

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: TBP ASSOCIATION, INC.

## Current Principal Place of Business:

6821 POTTS ROAD  
RIVERVIEW, FL 33569

## New Principal Place of Business:

## Current Mailing Address:

6821 POTTS ROAD  
RIVERVIEW, FL 33569

## New Mailing Address:

FEI Number: 27-1010145      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:

## Name and Address of New Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVE  
TAMPA, FL 33602      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: RANDY K. STERNS, VP

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: MATTHEWS, LESLIE H  
Address: 601 E KENNEDY BLVD 27TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: VPD      ( ) Delete  
Name: SERRANO, JUANITA  
Address: 10332 FERN BROOKEN  
City-St-Zip: TAMPA, FL 33624

Title: VPD      ( ) Delete  
Name: DE ANTONIO, YVONNE  
Address: 900 WESR PLATT STREET  
City-St-Zip: TAMPA, FL 33602

Title: SD      ( ) Delete  
Name: GARREN, JANICE  
Address: 6301 FLETCHER RD  
City-St-Zip: PLANT CITY, FL 33565

Title: TD      ( ) Delete  
Name: ODUM, KAKI  
Address: PO BOX 1102 101 E KENNEDY BLVD STE 2700  
City-St-Zip: TAMPA, FL 33601

Title: D      ( ) Delete  
Name: QUIGLEY, JAY S  
Address: PO BOX 976  
City-St-Zip: LUTZ, FL 33601

## 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: LESLIE H. MATTHEWS

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date