2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010799

FILED Apr 15, 2009 Secretary of State

Entity Name: TBAY-TAMPA PALMS SWIM TEAM BOOSTER CLUB, INC.

5811 TAN	MPA PALMS BLVD.,		
	FL 33647		
Current I	Mailing Address:	New Mailing Addro	ess:
	AMPSHIRE OAK DRIVE FL 33647		
FEI Numbe	r: 80-0310068 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name an	d Address of Current Registered Agent:	Name and Address	s of New Registered Agent:
17705 HA	UEZ, JACQUELINE O AMPSHIRE OAK DRIVE FL 33647 US		
	re named entity submits this statement for the prote of Florida.	urpose of changing its registe	red office or registered agent, or both,
SIGNATU	JRE:		
SIGNATL	JRE: Electronic Signature of Registered Age	nt	Date
SIGNATU Officer			Date GES TO OFFICERS AND DIRECTOR
	Electronic Signature of Registered Age RS AND DIRECTORS: P () Delete DAWSON, HELEN 15701 MIFFLIN CT.		
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic Signature of Registered Age RS AND DIRECTORS: P () Delete DAWSON, HELEN 15701 MIFFLIN CT. TAMPA, FL 33647 VP () Delete WILKINS, JAY 23201 EAGLES WATCH DR.,	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	Electronic Signature of Registered Age RS AND DIRECTORS: P () Delete DAWSON, HELEN 15701 MIFFLIN CT. TAMPA, FL 33647 VP () Delete WILKINS, JAY 23201 EAGLES WATCH DR., LAND O LAKES, FL 34639 US S () Delete DEMSHER, LYNDA 1123 FOX CHAPEL DR.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Fitle: Name: Address: City-St-Zip: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	Electronic Signature of Registered Age RS AND DIRECTORS: P () Delete DAWSON, HELEN 15701 MIFFLIN CT. TAMPA, FL 33647 VP () Delete WILKINS, JAY 23201 EAGLES WATCH DR., LAND O LAKES, FL 34639 US S () Delete DEMSHER, LYNDA 1123 FOX CHAPEL DR. LUTZ, FL 33549 S () Delete LEE, TERESA 10413 RIVERBURN DR.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

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: JACQUELINE O. RODRIGUEZ T 04/15/2009