

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 03, 2012**  
**Secretary of State**

DOCUMENT# N09921

**Entity Name:** THE TAMPA CONNECTION, INC.**Current Principal Place of Business:**C/O UNITED WAY  
5201 W. KENNEDY BOULEVARD  
TAMPA, FL 33609 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 22051  
TAMPA, FL 33622**New Mailing Address:****FEI Number:** 59-2580718**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TRIBBLE, BETTY  
C/O UNITED WAY  
5201 W. KENNEDY BOULEVARD  
TAMPA, FL 33609 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:** D/S  
**Name:** POLLACK, WOODROW  
**Address:** PO BOX 22051  
**City-St-Zip:** TAMPA, FL 33622**Title:** D/C  
**Name:** CROW, LISA  
**Address:** PO BOX 22051  
**City-St-Zip:** TAMPA, FL 33622**Title:** D  
**Name:** CHIARAMONTE, BRENDEN A  
**Address:** PO BOX 22051  
**City-St-Zip:** TAMPA, FL 33622**Title:** D/T  
**Name:** RUX, CHRISTOPHER  
**Address:** PO BOX 22051  
**City-St-Zip:** TAMPA, FL 33622

I hereby 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 all other like empowered.

SIGNATURE: BRENDEN CHIARAMONTE

D

07/03/2012

Electronic Signature of Signing Officer or Director

Date