

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011428

FILED
Apr 26, 2012
Secretary of State

Entity Name: TAMPA BAY SIMULATION NETWORK INC.

Current Principal Place of Business:

11205 PLACID LAKE COURT
RIVERVIEW, FL 335692921 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX
2352
RIVERVIEW, FL 335682352

New Mailing Address:

FEI Number: 35-2395805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPBELL, CAROLINE N
11205 PLACID LAKE CT.
RIVERVIEW, FL 335692921 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: C
Name: HISSONG, BARBARA
Address: 7116 WHITTINGTON COURT
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VC
Name: CAMPBELL, CAROLINE N
Address: 11205 PLACID LAKE CT.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: L
Name: GONZALEZ, LAURA
Address: 14816 FARNHAM WAY
City-St-Zip: TAMPA, FL 33624 US

Title: T
Name: TAYLOR, LATRESE A
Address: 800 28TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: S
Name: D'ALESSANDRO, LAURA A
Address: 5815 BALI WAY SOUTH
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: W
Name: CAMPBELL, CAROLINE
Address: 11205 PLACID LAKE COURT
City-St-Zip: RIVERVIEW, FL 335692921

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: LATRESE ASHCRAFT TAYLOR

T

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date