

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005034

FILED
Apr 27, 2012
Secretary of State

Entity Name: TAMPA BAY AREA TAXI DRIVERS ASSOCIATION INC.

Current Principal Place of Business:

4018 W. LA SALLE ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4018 W. LA SALLE ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 45-4069012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELDEKIRKOSE, MULUKEN
4018 W. LA SALLE ST
TAMPA, FL 33607 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: HIKA, LELISA
Address: 6207 N. MANHATTAN AVE
City-St-Zip: TAMPA, FL 33614

Title: S
Name: WELDEKIRKOSE, MULUKEN
Address: 2901 N. DALE MABRY HWY #214
City-St-Zip: TAMPA, FL 33607

Title: V
Name: DEGEFU, TAYE
Address: 6806 TWELVE OAKS BLVD
City-St-Zip: TAMPA, FL 33634

Title: T
Name: ESHETE, EYOB
Address: 3557 CASTWAY DR. #1
City-St-Zip: TAMPA, FL 33615

Title: V
Name: ESHETE, SAYSSSE
Address: 3132 W. LAMBRIGHT ST
City-St-Zip: TAMPA, FL 33614

Title: D
Name: AYESMI, RESHID
Address: 4018 W. LA SALLE ST
City-St-Zip: TAMPA, FL 33607

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: MULUKEN WELDEKIRKOSE

S

04/27/2012

Electronic Signature of Signing Officer or Director

Date