

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13858

FILED
Mar 20, 2009
Secretary of State

Entity Name: ALPHA HOUSE OF TAMPA, INC.

Current Principal Place of Business:

201 S. TAMPANIA AVE
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

201 S TAMPANIA AVENUE
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2655523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIANO, BONITA EX. DIR
201 S. TAMPANIA AVE
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: TD () Delete
Name: UNGER, JOHN
Address: 13868 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: EXD () Delete
Name: CHRISTIANO, BONNIE
Address: 201 S. TAMPANIA
City-St-Zip: TAMPA, FL 33609

Title: PD () Delete
Name: STEEN, SUSAN
Address: 2919 SWANN AVE. SUITE 401
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: LANDRY, JACQUI
Address: 3810 EMPEDRADO ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KEEFE, DAVID
Address: 4 COLUMBIA DR. SUITE 514 HARBORSIDE MED T
City-St-Zip: TAMPA, FL 33606

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: BONNIE CHRISTIANO

EXD

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date