

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19713

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** SULPHUR SPRINGS ACTION LEAGUE, INC.

**Current Principal Place of Business:**

10546 N. FLORIDA AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8323  
TAMPA, FL 336748323 US

**New Mailing Address:**

**FEI Number:** 59-2875513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPE, LINDA B  
10546 N FLORIDA AVE  
TAMPA, FL 33612 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: PD ( ) Delete  
Name: ROBINSON, JOSEPH  
Address: 1621 MULBERRY DRIVE  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: HOPE, LINDA M  
Address: 10546 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33612

Title: TREA ( ) Delete  
Name: ROBINSON, NORMA  
Address: 1621 E MULBERRY DR  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: COLLEEN, PRUITT  
Address: 1312 E WOOD STREET  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: LINDA HOPE

VP

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date