

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20365

FILED
Mar 31, 2009
Secretary of State

Entity Name: TAMPA BAY CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

Current Principal Place of Business:

4010 CYPRESS WILLOW CT
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21732
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-2824939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORREMAN, ELAINE
4010 CYPRESS WILLOW CT
TAMPA, FL 33614 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: P () Delete
Name: JOHNSON, LESLIE
Address: 1511 N. WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: ALFORD, JAYNE
Address: 10504 LACERA DR.
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: LEE, ROBERT
Address: 4010 BOY SCOUT BLVD
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: BOSWELL, SUSAN
Address: 10006 N. DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: JONAS, HOWARD
Address: 570 CARILLON PKWY
City-St-Zip: ST. PETERSBURG, FL 33617

Title: D () Delete
Name: ANDERSON, KURT
Address: 7650 COURTNEY CAMPBELL CSWY
City-St-Zip: TAMPA, FL 33607

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
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City-St-Zip:

Title: () Change () Addition
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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: ELAINE DORREMAN

Electronic Signature of Signing Officer or Director

EXEC

03/31/2009

_____ Date