

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20365

FILED
Jan 11, 2010
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
Name: ALFORD, JAYNE
Address: 10504 LACERA DR.
City-St-Zip: TAMPA, FL 33618

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

Title: VP
Name: DONEGAN, LINDA
Address: 5404 CLOUDS PEAK DR.
City-St-Zip: LUTZ, FL 33558

Title: T
Name: HAMBLIN, JASON
Address: 500 N. WESTSHORE
City-St-Zip: TAMPA, FL 33607

Title: D
Name: SMITH, STRATTON
Address: 609 W. AZEELE ST.
City-St-Zip: TAMPA, FL 33606

Title: D
Name: MORROW, TERI
Address: 2203 N. LOIS AVE.
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: ELAINE DORREMAN

EXEC

01/11/2010

Electronic Signature of Signing Officer or Director

Date