

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20961

FILED
Feb 09, 2009
Secretary of State

Entity Name: TAMPA MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INCORPORATED

Current Principal Place of Business:

1502 W. SLIGH AVE.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1502 W. SLIGH AVE.
TAMPA, FL 33604

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUTNEY, LOU
3825 HENDERSON BLVD.
TAMPA, FL 33629 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: D () Delete
Name: YOCUM, CECILIA
Address: 5023 E. 110TH AVENUE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WOLFE, BARBARA
Address: 17920 BURNSIDE ROAD
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: WILKINS, NIL
Address: 16706 ROLLING ROCK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: PUTNEY, KAREN
Address: 2613 W. WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

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: _____

Title: D () Change (X) Addition
Name: HUGUES, CHRISTOPHER J
Address: 15422 CARRILLON ESTATES BLVD
City-St-Zip: TAMPA, FL 33625

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: CHRISTOPHER J. HUGUES

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date