

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21443

FILED
Apr 24, 2009
Secretary of State

Entity Name: HYDE PARK PRESBYTERIAN FOUNDATION, INC.

Current Principal Place of Business:

1309 SWANN AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1309 SWANN AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-0711177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHICK, KENNETH D.
1309 SWANN AVE.
TAMPA, FL 33606 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: MILLER, RICK
Address: 901 S. WILLOW
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: BRANNAN, JOHN B
Address: 5020 LONGFELOW AVE.
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: KUYKENDALL, TERRELL
Address: 821 S. OREGAN
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ALSPACH, BRYAN
Address: 3612 BELCHER DR.
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: KLEIN, ROBERT
Address: 1206 S. SUFFOLK
City-St-Zip: TAMPA, FL 33629

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: REYES, DEBRA
Address: 6211 S. MACDILL AVE #3
City-St-Zip: TAMPA, FL 33611

Title: T (X) Change () Addition
Name: BRANNAN, JOHN B
Address: 5020 LONGFELOW AVE.
City-St-Zip: TAMPA, FL 33629

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

Title: D (X) Change () Addition
Name: HOOD, TRACY
Address: 3410 CARRINGTON ST.
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change () Addition
Name: ZAVADIL, KATHY
Address: 2793 65TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Change (X) Addition
Name: HUEY, DIANE
Address: 3913 W. EMPEDRADO
City-St-Zip: TAMPA, FL 33629

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: JOHN B. BRANNAN

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date