

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24225

FILED
Apr 28, 2006
Secretary of State

Entity Name: LEADERSHIP TAMPA BAY, INC.

Current Principal Place of Business:

223 S. 12TH STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1315
TAMPA, FL 336011315

New Mailing Address:

FEI Number: 59-2883950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSETTE, ALICE
223 S. 12TH STREET
TAMPA, FL 33602 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: CO-P () Delete
Name: MASTERSON, TOM
Address: 699 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: CO-P () Delete
Name: WILLIAM, DOUG
Address: 9075 SEMINOLE BOULEVARD
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: HACKMAN, JIM
Address: 6401 N. 54TH STREET
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: MANER, MACHELLE
Address: 100 S. ASHLEY DRIVE, STE. 1000
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: BESSETTE, ALICE
Address: 223 S. 12TH STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HACKMAN, JIM
Address: 223 S. 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Change () Addition
Name: HOFFMAN, DEBRA
Address: 223 S. 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change () Addition
Name: MANER, MACHELLE
Address: 223 S. 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: BESSETTE, ALICE
Address: 223 S. 12TH STREET
City-St-Zip: TAMPA, FL 33602

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM HACKMAN

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date