

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25123

FILED
Mar 15, 2008
Secretary of State

Entity Name: TRI-CITY CHAPTER OF NATIONAL AMBUCS, INC.

Current Principal Place of Business:

2113 POINICIANA TERR.
CLEARWATER, FL 337601920 US

New Principal Place of Business:

Current Mailing Address:

2113 POINICIANA TERR.
CLEARWATER, FL 337601920 US

New Mailing Address:

FEI Number: 59-3475158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREINER, JIM
2113 POINICIANA TERR.
CLEARWATER, FL 337601920 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: BOUNES, PAT
Address: 1194 PORTER DR
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: GREINER, JIM
Address: 2113 POINICIANA TERR
City-St-Zip: CLEARWATER, FL 33760

Title: S (X) Delete
Name: SHARBAUGH, PAT
Address: 1557 MEHLENBACHER ROAD
City-St-Zip: LARGO, FL 33770

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:

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: JIM GREINER

T

03/15/2008

Electronic Signature of Signing Officer or Director

Date