

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 038 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N40174</b><br>1. Entity Name<br><b>TAMPA BAY BEACH BOPPERS, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>P.O. BOX 270694</b><br><b>TAMPA, FL 33688 US</b>   |  |  | Mailing Address<br><b>P.O. BOX 270694</b><br><b>TAMPA, FL 33688 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  | 4. FEI Number<br><b>59-3025465</b>  |  |
| City & State   |  | City & State   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| Zip  |  | Country  |  | 6. Name and Address of Current Registered Agent<br><b>LABIANCA, CARMEN</b><br><b>1200 CTRY CLUB DR UNIT 1106</b><br><b>LARGO, FL 33771</b>  |  |
| Zip  |  | Country  |  | 7. Name and Address of New Registered Agent<br>Name <b>Virginia Coburn</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>6312 Frost Drive</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33625</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>LABIANCA, CARMEN<br>1200 CTRY CLUB DR 1106<br>LARGO, FL 33771 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1VP<br>SANTANA, LOUIS<br>7907 N ROME AVE<br>TAMPA, FL 33604        | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>WOLFF, TONI<br>3021 SR 590 501<br>CLEARWATER, FL 33759        | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VP<br>SHAW, DOUG<br>3044 GLEN OAK DR<br>CLEARWATER, FL 33759      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MAL<br>BACH, ADAM<br>POB 277<br>PINELLAS PRK, FL 33790             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MAL<br>LAWHORN, DON<br>4642 LANDSCAPE DR<br>TAMPA, FL 33624        | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |
| SIGNATURE:   |  |  | Date <b>1/22/07</b> Daytime Phone # <b>(813) 960-9188</b>              |   |  |

# ATTACHMENT

40007487

# N40174

## TAMPA BAY BEACH BOPPERS, INC.

|  |  |
|--|--|
| FEI Number:                              | 59-3025465   |
| Name and Address of New Registered Agent | Coburn, Virginia<br>6312 Frost Drive<br>Tampa, FL 33625                |
| President                                | Coburn, Virginia<br>6312 Frost Drive<br>Tampa, FL 33625                |
| 1 <sup>st</sup> Vice President           | Reese, Donna<br>3143 Chamblee<br>Clearwater, FL 33759                  |
| Treasurer                                | Gonzalez, Sherry<br>517 Jeanal Place<br>Tampa, FL 33612                |
| Member-at-Large                          | Selph, Kim<br>5107 River Blvd.<br>Tampa, FL 33603                      |
| Member-at-Large                          | LaBianca, Carmen<br>1200 Country Club Drive - #1106<br>Largo, FL 33771 |

The above information provided on this addendum is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation.

x

(Signature)

Virginia Coburn, President

(Printed Name)

(Date)

1/22/07