

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41355

FILED
Mar 19, 2007
Secretary of State

Entity Name: TAMPA BAY ASSOCIATION FOR FINANCIAL PROFESSIONALS, INC.

Current Principal Place of Business:

P.O. BOX 21525
TAMPA, FL 33622 US

New Principal Place of Business:

4603 S. WOODLYN DR.
TAMPA, FL 33611 US

Current Mailing Address:

P.O. BOX 21525
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3072469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESLER, DOUGLAS B
4603 S. WOODLYN DR.
TAMPA, FL 33611 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: DP () Delete
Name: BUFFINGTON, SUZANNE
Address: 300 N. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: DV () Delete
Name: ADEEB, DEBRA
Address: 5157 CORVETTE DR.
City-St-Zip: TAMPA, FL 33624

Title: DT () Delete
Name: MESLER, DOUGLAS B
Address: 4603 S. WOODLYN DR.
City-St-Zip: TAMPA, FL 33611

Title: DS () Delete
Name: WERNER, MARY
Address: 3554 MUNNINGS KNOLL
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DIAZ, SUZANNE
Address: 1111 N. WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

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 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: DOUGLAS B MESLER

DT

03/19/2007

Electronic Signature of Signing Officer or Director

_____ Date