

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41355

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

15526 NEWPORT ROAD
CLEARWATER, FL 33764 US

New Principal Place of Business:

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:

BOONE, DARRELL
15526 NEWPORT ROAD
CLEARWATER, FL 33764 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: WERNER, MARY
Address: 3554 MUNNINGS KNOLL
City-St-Zip: LAND O'LAKES, FL 34639

Title: DV () Delete
Name: PARDUM, WILLIAM
Address: C/O TGH, P O BOX 1289
City-St-Zip: TAMPA, FL 33604

Title: DT () Delete
Name: BOONE, DARRELL
Address: 15526 NEWPORT ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: DS () Delete
Name: TEAGUE, SHERRIE
Address: 360 CENTRAL AVE. C/O BBT
City-St-Zip: ST. PETERSBURG, FL 33701

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:

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: DARRELL BOONE

TRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date