

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 050 ****61.25

00040010



02192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N43608 1. Entity Name WORLD TRADE ASSOCIATION OF TAMPA BAY, INC.					
Principal Place of Business 1101 CHANNELSIDE DRIVE TAMPA, FL 33602			Mailing Address 1101 CHANNELSIDE DRIVE TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3092928	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIERLEY, JOHN C 100 NORTH TAMPA STREET SUITE 2120 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete BIERLEY, JOHN C 100 NORTH TAMPA STREET, STE. 2120 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete DS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete BRONSON, THAYER A 2202 NORTH WESTSHORE BLVD. #150 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete DC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete PARKER, J. KENNETH 5148 5TH AVE SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete DP Knott, Jefferson 990 Golf & Sea Blvd. Apollo Beach, FL 33572		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete SAMSON, BRUCE A 3203 BAYSHORE BLVD #602 TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete CISNEROS, FRANK G 500 NO. WESTSHORE BLVD. #405 TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete DT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete Michelini, Steve 2401 Sunset Drive Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete D		
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: John C. Brierley, as Secretary 7 March 2007 864-3600					