

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 06, 2008  
Secretary of State

DOCUMENT# N50140

Entity Name: MAYOR'S BEAUTIFICATION PROGRAM, INC.

## Current Principal Place of Business:

400 N. TAMPA STREET  
SUITE 1300  
TAMPA, FL 33602 US

## New Principal Place of Business:

400 N. TAMPA STREET  
SUITE 1010  
TAMPA, FL 33602 US

## Current Mailing Address:

400 NORTH TAMPA STREET  
SUITE 1300  
TAMPA, FL 33602 US

## New Mailing Address:

400 NORTH TAMPA STREET  
SUITE 1019  
TAMPA, FL 33602 US

FEI Number: 59-3150612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LUTTON, ANDY  
400 N. TAMPA ST.  
SUITE 1300  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

EVENSON, DEBRA D  
400 N. TAMPA ST.  
SUITE 1010  
TAMPA, FL 33602 US

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: DEBRA D. EVENSON

06/06/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: HACKMAN, JIM  
Address: 3100 E FLETCHER AVE  
City-St-Zip: TAMPA, FL 33613

Title: T ( ) Delete  
Name: PRESSNER, ROBERT  
Address: 1501 W. SWANN AVENUE, BLDG. 3  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: THOMPSON, SALLY  
Address: 814 ORLEAN AVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: LUTTON, ANDY  
Address: 400 NORTH TAMPA STREET STE 1300  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: OLSON, CANDY  
Address: 901 EAST KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33602

## 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: D (X) Change ( ) Addition  
Name: EVENSON, DEBRA D  
Address: 400 NORTH TAMPA STREET STE 1010  
City-St-Zip: TAMPA, FL 33602

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: DEBRA D. EVENSON

D

06/06/2008

Electronic Signature of Signing Officer or Director

Date