

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2009  
Secretary of State**

DOCUMENT# N50140

Entity Name: MAYOR'S BEAUTIFICATION PROGRAM, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH TAMPA STREET  
SUITE 1019  
TAMPA, FL 33602 US

**New Mailing Address:**

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

FEI Number: 59-3150612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVENSON, DEBRA D  
400 N. TAMPA ST.  
SUITE 1010  
TAMPA, FL 33602 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: 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: EVENSON, DEBRA D  
Address: 400 NORTH TAMPA STREET STE 1010  
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: T (X) Change ( ) Addition  
Name: BUCKLER, JACKIE  
Address: 17322 EMERALD CHASE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: T (X) Change ( ) Addition  
Name: HARRISON, PATRICK  
Address: 150 SECOND AVENUE NORTH, SUITE 800  
City-St-Zip: ST. PETERSBURG, FL 33701

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: DEBRA D. EVENSON

D

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date