

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001280

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: TAMPA BAY'S BRIDAL ASSOCIATION, INC.

## Current Principal Place of Business:

5915 MEMORIAL HWY  
STE K  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

5915 MEMORIAL HWY  
STE K  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 59-3174096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REDER, RANDAL  
1319 WEST FLETCHER AVE.  
TAMPA, FL 33612 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: P ( ) Delete  
Name: SNOW, GREGORY L  
Address: 5415 MEMORIAL HWY., K  
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete  
Name: ARGOE, CATHLEEN  
Address: 8003 DOWNING CIR  
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete  
Name: STUART, DR. ALLAN R REV  
Address: 2800 SWAN CIRCLE  
City-St-Zip: DUNEDIN, FL 34698

Title: S ( ) Delete  
Name: PULIDO, PAT  
Address: 12383 CITRUS PAZA DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: DAL ( ) Delete  
Name: COLLINS, NEIL  
Address: 14928 NORHT DALE MABRY  
City-St-Zip: TAMPA, FL 33618

Title: DAL (X) Delete  
Name: JUCEAN, DON  
Address: 2214 BRIANA DRIVE  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MADARIS, GLENDA  
Address: PO BOX 49363  
City-St-Zip: ST PETE, FL 33743

Title: T (X) Change ( ) Addition  
Name: ADWELL, MARK  
Address: 9501 W HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33615

Title: S (X) Change ( ) Addition  
Name: HENRY, JOHN  
Address: 301 MEARS BLVD, SOUTH  
City-St-Zip: OLDSMAR, FL 34677

Title: DAL (X) Change ( ) Addition  
Name: RYAN, COLLEEN  
Address: 5915 MEMORIAL HGHWY  
City-St-Zip: TAMPA, FL 33615

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: GREGORY SNOW

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date