


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 022 ****61.25

DOCUMENT # N94000001935					
1. Entity Name TAMPA BAY PARTNERSHIP FOR REGIONAL ECONOMIC DEVELOPMENT, INC.					
Principal Place of Business 4300 CYPRESS ST STE 250 TAMPA, FL 33607 US			Mailing Address 4300 W CYPRESS ST STE 250 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3248071	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGEL, STUART L 4300 W CYPRESS ST STE 250 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME ROGEL, STUART L		<input type="checkbox"/> Delete		
STREET ADDRESS 4300 W CYPRESS ST STE 250	CITY-ST-ZIP TAMPA, FL 33607		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CD	NAME MITCHELL, DEWEY		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4300 W. CYPRESS STREET, SUITE 250	CITY-ST-ZIP TAMPA, FL 33607		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CD	NAME GENSHAFT, JUDY		<input type="checkbox"/> Delete		
STREET ADDRESS 4300 W CYPRESS STREET, SUITE 250	CITY-ST-ZIP TAMPA, FL 33607		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MCCRAW, ROY		<input type="checkbox"/> Delete		
STREET ADDRESS 4300 W CYPRESS STREET, STE 250	CITY-ST-ZIP TAMPA, FL 33607		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME MASON, STEVE		<input type="checkbox"/> Delete		
STREET ADDRESS 4300 W. CYPRESS ST, SUITE 250	CITY-ST-ZIP TAMPA, FL 33607		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME Jeff Lyash		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 4300 W. Cypress St. Suite 250	CITY-ST-ZIP Tampa FL 33607				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1-8-08 Daytime Phone #					