

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000120

FILED
Apr 26, 2007
Secretary of State

Entity Name: FOR THE CHILDREN OF TAMPA BAY, INC.

Current Principal Place of Business:

502 N.. ARMENIA AVE.
TAMPA, FL 33609

New Principal Place of Business:

401 NORTH HOWARD AVENUE
TAMPA, FL 33606

Current Mailing Address:

502 N.. ARMENIA AVE.
TAMPA, FL 33609

New Mailing Address:

401 NORTH HOWARD AVENUE
TAMPA, FL 33606

FEI Number: 59-3371400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KOEHLER, KEITH W
401 NORTH HOWARD AVENUE
TAMPA, FL 33606 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: KEITH W KOEHLER

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KOEHLER, KEITH
Address: 502 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: WILLIAMS, DONNA H PH.D.
Address: 502 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: KOEHLER, MEGAN
Address: 502 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KOEHLER, KEITH
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: DV (X) Change () Addition
Name: WILLIAMS, DONNA H PH.D.
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change () Addition
Name: KOEHLER, MEGAN
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: AVERILL, ROSE
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

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: KEITH W KOEHLER

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date