

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000120

FILED  
Apr 27, 2008  
Secretary of State

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

**Current Principal Place of Business:**

401 NORTH HOWARD AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

401 NORTH HOWARD AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**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  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 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: DPT ( ) Delete  
Name: KOEHLER, KEITH  
Address: 401 NORTH HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

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

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

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

**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: ( ) 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: KEITH W KOEHLER

D

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date