

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003335

1. Entity Name
GEORGE EDGECOMB BAR ASSOCIATION, INC.



Principal Place of Business
**501 EAST KENNEDY BLVD.
17000
TAMPA, FL 33602 US**

Mailing Address
**P.O. BOX 172535
TAMPA, FL 33672 US**



03292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2796811

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCRIVEN, LANSING C
442 W. KENNEDY BLVD, STE 280
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SNEED, JULIE S 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERRY, KAMILAH 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARIS, CLINTON 10014 WATERWORKS LANE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES JENKINS, KATRICE 201 NORTH FRANKLIN STREET, STE. 2200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MILLS, SHARONDA 100 N. TAMPA STREET, STE. 3350 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/13/07-80042-003 70.00

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IN THIS SPACE**

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:

Julie Sneed

Julie Sneed March 30, 2007 222-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3