2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003335

FILED Apr 29, 2008 Secretary of State

Entity Name: GEORGE EDGECOMB BAR ASSOCIATION, INC.

Current Principal Place of Business: 501 EAST KENNEDY BLVD. 17000 TAMPA, FL 33602 US Current Mailing Address: P.O. BOX 172535 TAMPA, FL 33672 US Current Mailing Address: P.O. BOX 172535 TAMPA, FL 33672 US FEI Number: 59-2796811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: SCRIVEN, LANSING C 442 W. KENNEDY BLVD, STE 280 The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: Name: SNEED, JULIE S Address: City-St-Zip: TAMPA, FL 33602 Title: VP () Delete Name: PARS, () Delete Name:									
17000 TAMPA, FL 33602 US Current Mailing Address: P.O. BOX 172535 TAMPA, FL 33672 US P.O. BOX 956 TAMPA, FL 33602 US FEI Number: 59-2798811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: SCRIVEN, LANSING C 442 W. KENNEDY BLVD, STE 280 TAMPA, FL 33606 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current P	rincipal Pla	ace of Business:	New Principal Place of Business:					
TAMPA, FL 33602 US Current Mailing Address: P.O. BOX 172535 TAMPA, FL 33672 US P.O. BOX 956 TAMPA, FL 33602 US FEI Number: 59-2796811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCRIVEN, LANSING C 442 W. KENNEDY BLVD, STE 280 TAMPA, FL 33606 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: PRES () Delete Name: SNEED, JULIE S ADDITIONS/CHANGES TO OFFICERS AND DIR Title: Name: SNEED, JULIE S Address: City-St-Zip: TAMPA, FL 33602 Title: VP () Delete Name: PREN, KAMILAH Address: 100 SOUTH ASHLEY DRIVE, SUITE 1900 Address: 201 NORTH FRANKLIN STREET, STE. 2200 City-St-Zip: Title: TRES () Delete Name: PARIS, CLINTON Name: TAYLOR, SACHA Address: City-St-Zip: Title: TRES () Delete Name: PARIS, CLINTON Name: TAYLOR, SACHA Address: City-St-Zip: Title: TITLE: TRES () Change () Addition Name: Name: Address: City-St-Zip: TAMPA, FL 33602 Title: Name: Nam		KENNEDY	BLVD.			KENNEDY	BLVD.		
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: PRES () Delete Title: () Change () Addition Name: SNEED, JULIE S Name: Address: 501 EAST KENNEDY BLVD., STE. 1700 Address: (City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: PARIS, CLINTON Name: TAYLOR, SACHA Address: 011 NORTH FRANKLIN STREET, STE. 2200 Address: 601 E. KENNEDY BLVD., 27TH FLOOR City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: SEC () Delete Title: () Change () Addition Name: MILLS, SHARONDA Address: 100 N. TAMPA STREET, STE. 3350	442 W. KÉ TAMPA, Fl The above	NNEDY BL L 33606 named ent	VD, STE 280 US	nent for the purpose (of changing it	ts registere	d office or r	registered age	ent, or both,
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: PRES () Delete Title: () Change () Addition Name: SNEED, JULIE S Address: 501 EAST KENNEDY BLVD., STE. 1700 City-St-Zip: TAMPA, FL 33602 Title: VP () Delete Title: () Change () Addition Name: PERRY, KAMILAH Address: 100 SOUTH ASHLEY DRIVE, SUITE 1900 City-St-Zip: TAMPA, FL 33602 Title: VP () Delete Title: () Change () Addition Name: Address: () City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: PARIS, CLINTON Name: PARIS, CLINTON Name: PARIS, CLINTON Name: PARIS, CLINTON Nather PARIS, CLINTON N	SIGNATUR	RE:							
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	Name: Address:	MILLS, SHA 100 N. TAM	ARONDA PA STREET, STE. 3350		Name: Address:		() Change	() Addition	

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: JULIE S. SNEED PRES 04/29/2008