

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

New Principal Place of Business:

501 EAST KENNEDY BLVD.
1700
TAMPA, FL 33602 US

Current Mailing Address:

P.O. BOX 172535
TAMPA, FL 33672 US

New Mailing Address:

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:

SCRIVEN, LANSING C
442 W. KENNEDY BLVD, STE 280
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: PRES () Delete
Name: SNEED, JULIE S
Address: 501 EAST KENNEDY BLVD., STE. 1700
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: PERRY, KAMILAH
Address: 100 SOUTH ASHLEY DRIVE, SUITE 1900
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: PARIS, CLINTON
Address: 10014 WATERWORKS LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: TRES () Delete
Name: JENKINS, KATRICE
Address: 201 NORTH FRANKLIN STREET, STE. 2200
City-St-Zip: TAMPA, FL 33602

Title: SEC () Delete
Name: MILLS, SHARONDA
Address: 100 N. TAMPA STREET, STE. 3350
City-St-Zip: TAMPA, FL 33602

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: TRES (X) Change () Addition
Name: TAYLOR, SACHA
Address: 601 E. KENNEDY BLVD., 27TH FLOOR
City-St-Zip: TAMPA, FL 33602

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: JULIE S. SNEED

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date