

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004869

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: CULBREATH BAYOU NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

4418 W. WATROUS AVENUE  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

4418 W. WATROUS AVENUE  
TAMPA, FL 33629 US

**New Mailing Address:**

FEI Number: 59-3341852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KITE-POWELL, RUFUS  
4418 WEST WATROUS AVENUE  
TAMPA, FL 33629 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: PD ( ) Delete  
Name: STICHTER, SARAH  
Address: 1111 DUNBAR  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: BORUCKE, DAVID  
Address: 4412 BROOKWOOD  
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete  
Name: KITE-POWELL, RUFUS  
Address: 4418 WATROUS AVE.  
City-St-Zip: TAMPA, FL 33629

Title: S (X) Delete  
Name: FIELDS, DEENA  
Address: 4522 W. WATROUS AVE.  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUELL, COURTNEY  
Address: 4506 WATROUS  
City-St-Zip: TAMPA, FL 33629

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: RUFUS KITE-POWELL

TD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date