



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 029 \*\*\*\*61.25

<b>DOCUMENT # N96000000055</b> 1. Entity Name <b>FEDERAL BAR ASSOCIATION, TAMPA BAY CHAPTER, INCORPORATED</b>					
Principal Place of Business <b>100 N TAMPA ST STE 4100 TAMPA, FL 33602</b>			Mailing Address <b>P O BOX 1288 TAMPA, FL 33601</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3372923</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIMBRO, BRADFORD D 100 N TAMPA ST STE 4100 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>A. Brian Albritton</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 N. Tampa Street</b> Suite <b>4100</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>	
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 <u><i>A. Brian Albritton</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>1/15/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIMBRO, BRADFORD D 100 N TAMPA ST, STE 4100 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P A. Brian Albritton 100 N. Tampa Street, Suite 4100 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE ALBRITTON, BRIAN A 100 N TAMPA ST, STE 4100 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE Kevin J. Napper 4221 W. Boy Scout Blvd. Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NAPPER, KEVIN 4221 W BOY SCOUT BLVD TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V John E. Johnson 100 S. Ashley St., Suite 1500 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, JOHN E 100 S ASHLEY ST, STE 1500 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Laurel Moore 400 N. Tampa St., Suite 2700 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOORE, LAUREL 400 N TAMPA ST, STE 2700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Julie S. Sneed 501 E. Kennedy Blvd., Suite 1700 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>A. Brian Albritton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				A. Brian Albritton <u>1/15/08</u> 813-227-6406 <small>Date Daytime Phone #</small>	