

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001886

FILED
Sep 18, 2008
Secretary of State

Entity Name: BLACK DATA PROCESSING ASSOCIATES - GREATER TAMPA BAY CHAPTER, INCORPORATED

Current Principal Place of Business:

8125 HIGHWOODS PALM WAY
MS-3B
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47105
TAMPA, FL 33647

New Mailing Address:

P.O BOX 342144
TAMPA, FL 33694

FEI Number: 59-3234751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOZON, LESLIE A
4348 REDCOAT DRIVE
WESLEY CHAPEL, FL 33543 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: P () Delete
Name: MOZON, LESLIE A
Address: 4348 REDCOAT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: AUSTIN, CHERYL
Address: 519 NORTH LARRY CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: LORRAINE, WILDMAN
Address: 8336 GARRISON CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MOORE, ERNEST
Address: 10003 KATIE COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHINES, FRANK
Address: 3230 PRAIRIE IRIS DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: T (X) Change () Addition
Name: GRAHAM, MICHELLE
Address: 3230 PRAIRIE IRIS DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: D (X) Change () Addition
Name: MACK, GILDA
Address: 19320 SANDY SPRINGS CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change () Addition
Name: MOZON, LESLIE A
Address: 4348 REDCOAT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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: LESLIE A. MOZON

D

09/18/2008

Electronic Signature of Signing Officer or Director

Date