

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004027

FILED
Mar 04, 2009
Secretary of State

Entity Name: TAMPA POLICE MEMORIAL FUND COMMITTEE, INC.

Current Principal Place of Business:

3010 N BLVD
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P O BOX 172995
TAMPA, FL 33672

New Mailing Address:

FEI Number: 59-3397263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STULL, R J
602 SOUTH BLVD
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: PD () Delete
Name: FERGUSON, WILLIAM
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: DELAGE, SUSAN
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: STEPHENSON, RUTH
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: 2V (X) Delete
Name: BATISTA, ROBERTO
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: WILKS, JEFFREY
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: HC () Delete
Name: SYKES, JOHN
Address: 100 N TAMPA ST STE 3900
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PENNINGTON, ROBERT
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCNAMARA, GEORGE
Address: 411 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GADOURY, SHANE
Address: 411 N FRANKLIN ST
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: SUSAN DELAGE

TD

03/04/2009

Electronic Signature of Signing Officer or Director

Date