

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000672

FILED
Mar 16, 2008
Secretary of State

Entity Name: THE TAMPA BAY COMMUNITY & FAMILY DEVELOPMENT CORPORATION

Current Principal Place of Business:

3000 N 34 STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3000 N 34 STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 31-1777684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODSIDE, MAXINE
3000 N 34 ST
TAMPA, FL 33605 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: D () Delete
Name: BROOKINS, MARGARET
Address: 1905 GREGORY DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: COOPER, GLADSTONE A
Address: PO BOX 16487
City-St-Zip: TAMPA, FL 33687

Title: D () Delete
Name: MILLER, SHARON
Address: 10414 EAST COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: SMALL, ANGELA
Address: PO BOX 25912
City-St-Zip: TAMPA, FL 33622

Title: D () Delete
Name: CROSBY, GAIL
Address: 405 N REO STREET
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: HUGGINS, THOMAS
Address: 4601 W KENNEDY BLVD SUITE 124
City-St-Zip: TAMPA, FL 33609

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: () Change () Addition
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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: MAXINE WOODSIDE

DR

03/16/2008

Electronic Signature of Signing Officer or Director

Date