2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005312

Entity Name: SOMEBODY CARES TAMPA BAY, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2140 RANGE ROAD, UNIT A CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** P.O. BOX 4486 CLEARWATER, FL 33758 FEI Number: 59-3470531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LADD, VANESSA L CURTISS, VANESSA L 9000 64TH WAY 2621 W GRAND RESERVE CIRCLE PINELLAS PARK, FL 33782 #429 US CLEARWATER, FL 33759 US 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: VANESSA L CURTISS 01/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERNARD, DANIEL Name: Name: 2069 PLATEAU RD Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition WOZNIAK, VINCENT Name: Name: Address: 2005 GREEN BRIER BLVD. UNIT 15 Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: Title: () Delete Title: () Change () Addition ALVAREZ, JESSICA Name: Name: 12964 HYBISCUS AVE Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOLF, THOMAS G Name: 709 GUISANDO DE AVILA Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: () Change () Addition JAEGER, ROY J Name: Name: 2825 FAIRWAY VIEW DR Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition ALTMAN, RONALD Name: Name: Address: 4811 CULBREATH ISLES WAY Address: TAMPA, FL 33629 City-St-Zip: 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: DANIEL G BERNARD PD 01/03/2008