


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

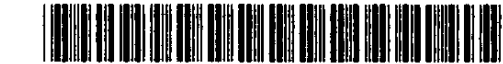
FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90067 015 ****70.00

DOCUMENT # N98000000216	
1. Entity Name TAMPA BAY HOSPITALITY ALLIANCE, INC.	

Principal Place of Business 109 N. BRUSH ST. SUITE 400 TAMPA, FL 33602 US	Mailing Address P O BOX 3298 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3517705		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRISON, BOB 109 N. BRUSH ST. SUITE 400 TAMPA, FL 33602		Name Boyer, Kim Street Address (P.O. Box Number is Not Acceptable) 25824 Bloomsbury Ct. City Lund O' Lakes FL Zip Code 34639	

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 Kim M. Boyer, Kim M. Boyer - Executive Director 1/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, CHERI TAMPA MARRIOTT AIRPORT TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRABER, TERRY 17120 GULF BLVD N. REDDINGTON BCH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LYNCH, DANNETTE ST. PETERSBURG/CLEARWATER CVB ST.PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynch, Dannelte 2741 Forrest Parkway Largo, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCH, GEORGE 2506 ROCKY POINT DR. N. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoch, George 12000 Gulf Boulevard Treasure Island, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLOMAW, JIM RENAISSANCE TAMPA INTERNATIONAL PLAZA TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Bartholomaw 4200 Jim Walton blvd. Tampa FL 33607 Renaissance Tampa Hotel International Plaza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, OVERTON TRADE WINDS SIRATA 5300 GULF BLVD SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Overton, Keith Tradewinds Island Grand 5500 Gulf Blvd Saint Petersburg Beach, FL 33706 <input checked="" 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: Jim Bartholomaw 1/17/08 913-313-3215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #