

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004788

FILED
Jan 07, 2009
Secretary of State

Entity Name: SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

6100 NEBRASKA AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

6100 NEBRASKA AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 31-1667093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, JEFFERSON W
6100 NEBRASKA AVE
TAMPA, FL 33604 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: DP () Delete
Name: CRAFT, JEFFERSON W
Address: 6100 NEBRASKA AVE N
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: MYERS, PHILIP
Address: 5601 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: HANES, CHRYS
Address: 6308 N FLORIDA AVE.
City-St-Zip: TAMPA, FL 33604

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:

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: JEFFERSON CRAFT

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date