

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90063 012 ****61.25

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1. Entity Name
TAMPA SCHOOL DEVELOPMENT CORPORATION



Principal Place of Business
**2402 W. OSBORNE
TAMPA, FL 33603 US**

Mailing Address
**2402 W. OSBORNE
TAMPA, FL 33603 US**

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

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3557449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARRIGO, RONALD D ESQ.
4503 NORTH ARMENIA AVENUE
SUITE 101
TAMPA, FL 33603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME GRECO, CELESTE
STREET ADDRESS 3208 PERRY AVENUE
CITY-ST-ZIP TAMPA, FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Delete
NAME MATASSINI, NORMA
STREET ADDRESS 201 S. AUBEIL
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☒ Addition
NAME **JOANNE WILGURE**
STREET ADDRESS **28906 MIDNIGHT STAR LOOP**
CITY-ST-ZIP **MESLEY CHARL, FL 33543**

TITLE DS ☐ Delete
NAME MILLAN, NANCY
STREET ADDRESS 14929 EVERSINE ST
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME ANDREWS, LISA
STREET ADDRESS 6721 TWELVE OKAS BLVD
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUFF, CALVIN
STREET ADDRESS 4713 DUNNIE DR
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COX, GREGORY
STREET ADDRESS 12820 PACIFICA PLACE
CITY-ST-ZIP TAMPA, FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Handwritten Signature