2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005267

FILED Apr 20, 2009 Secretary of State

Entity Name: WEST TAMPA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:				New Principal Place of Business:			
1803 N HOWARD AVE 102 FAMPA, FL 33607				1803 N HOWARD AVE 101 TAMPA, FL 33607			
Current Mailing Address:				New Mailing Address:			
102 TAMPA, FL				101 TAMPA, FL			
El Number:	59-3596545	FEI Number Applied	For () FEI Nur	nber Not Appl	icable ()	Certificate of Stat	us Desired ()
Name and	Address o	f Current Registered	Agent:	Name and	Address of N	ew Registered	Agent:
MOORE, LEROY 1803 N HOWARD AVE FAMPA, FL 33607 US				MOORE, LEROY 1803 N HOWARD AVE 101 TAMPA, FL 33607 US of changing its registered office or registered agent, or both,			
	of Florida.	ly submits this statemen	nt for the purpose c	ir changing ii	is registered or	lice of registere	u agent, or both,
SIGNATURE:				04/20/2009			
	Electr	onic Signature of Regis	stered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	O FISHER, MA 1744 BEACH TAMPA, FL	STREET		Title: Name: Address: City-St-Zip:	()	Change () Additio	n
Fitle: Name: Address: Dity-St-Zip:	O KINSEY, RAI 4201 UNION TAMPA, FL	STREET		Title: Name: Address: City-St-Zip:	D (X) KINSEY, RANDO 4201 UNION STI TAMPA, FL 336	REET	n
Fitle: Name: Address: Dity-St-Zip:	ROBINSON,	ETTO STREET		Title: Name: Address: City-St-Zip:	()	Change () Additio	n
Fitle: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	O () ALESSI, . PHIL 2909 CYPRESS TAMPA, FL 336		n
Fitle: Name: Address: Dity-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	RODRIGUEZ, JO	BOROUGH AVENUE	
Fitle: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	O () MOORE, LEROY 1514 W UNION TAMPA, FL 336	ST	n

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: MARGARET A. FISHER O 04/20/2009