

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039019

FILED
Mar 23, 2009
Secretary of State

Entity Name: SUPPORT ASSOCIATES OF TAMPA BAY, INC.

Current Principal Place of Business:

13902 N DALE MABRY
#214
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13902 N DALE MABRY
#214
TAMPA, FL 33618

New Mailing Address:

6109 COGNAC CIRCLE
LUTZ, FL 33558

FEI Number: 59-3631988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBENEDT, LYNDA R
6109 COGNAC CIRCLE
214
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

DEBENEDT, LYNDA R
6109 COGNAC CIRCLE
LUTZ, FL 33558 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: LYNDA DEBENEDET

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARKS, REBECCA L
Address: 4214 SUMMERDALE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: DEBENEDET, LYNDA R
Address: 6109 COGNAC CIRCLE
City-St-Zip: LUTZ, FL 33588

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA DEBEDEDET

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date