


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90396 040 \*\*\*\*70.00

<b>DOCUMENT # N00000006292</b> 1. Entity Name <b>NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.</b>					
Principal Place of Business <b>1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711</b>			Mailing Address <b>1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3671047</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LISENBY, CHELLIE Nonprofit Leadership Center of MANAGEMENT ASSISTANCE PROGRAM, INC. Tampa Bay, 1111 N. WESTSHORE BLVD., SUITE 215 Inc. TAMPA, FL 33607-4711</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O + TD OPFER, ROY <input type="checkbox"/> Delete 3020 W. LAUREL STREET TAMPA, FL 33607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NIXON, ROBERT I DR 14158 FANNEBURY DR TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CROWDER, SHEFFIELD 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input type="checkbox"/> Delete PEPPARD, JANE 319 SLEEPY HOLLOW AVE TAMPA, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Delete BELL, MIKE 3107 COVENTRY EAST SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete NIXON, ROBERT I DR 14158 FENNSBURY DRIVE TAMPA, FL 33624				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Suzanne Murchland 1 Tropicana Drive St. Petersburg, FL 33705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ginger Watters 3201 W. Parkland Blvd Tampa, FL 33609				
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.					
<b>SIGNATURE:</b> <u>Leroy D. Opler</u> <b>4/27/07</b> <b>813-769-7523</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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