2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# N02000004773

Entity Name: PASTORS ON PATROL OF TAMPA BAY, INC.

Current Principal Place of Business:

3838 N. 29TH ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3838 N. 29TH ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 13-4214374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, ABRAHAM
3838 N. 29TH ST.
TAMPA, FL 33610 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: PD ( ) Delete
Name: BROWN, ABRAHAM
Address: 3838 N. 29TH ST.
City-St-Zip: TAMPA, FL 33610

Title: VD ( ) Delete
Name: FAVORITE, WILMINGTON J
Address: 13205 WATERFORD RUN DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete
Name: TURNER, WALTER L
Address: 2207 N GRADY AVENUE
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete
Name: BATCHELOR, CALEB R
Address: 2013 TIDE WATER COURT
City-St-Zip: TAMPA, FL 33619

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAL;TER L. TURNER SD 07/19/2005

Electronic Signature of Signing Officer or Director Date