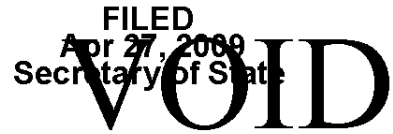


**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004773

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



**Current Principal Place of Business:**

1006 W. CYPRESS ST.  
TAMPA, FL 33606

**New Principal Place of Business:** FILED IN ERROR

**Current Mailing Address:**

1006 W. CYPRESS ST.  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 13-4214374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, HENRY M REV.  
4205 SPRING WAY CIR  
VALRICO,, FL 33594      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: FAVORITE, WILMINGTON J REV.  
Address: 13205 WATERFORD RUN DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: VD      ( ) Delete  
Name: DAVIS, CHARLES ELDER  
Address: 6416 N. 30TH. STREET  
City-St-Zip: TAMPA, FL 33610

Title: SD      ( ) Delete  
Name: HARRIS, MEL REV  
Address: 4205 SPRING WAY CIRCLE  
City-St-Zip: VALRICO, FL 33594

Title: TD      ( ) Delete  
Name: BATCHELOR, CABLEB REV  
Address: 2013 TIDEWATER CT.  
City-St-Zip: RIVERVIEW, FL 336619

**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: TD      (X) Change ( ) Addition  
Name: JOHNSON, JOE REV  
Address: 10144 ARBOR RUN DRIVE UNIT 9  
City-St-Zip: TAMPA, FL 33647

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: JAMES W FAVORITE

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date