

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005267	
1. Entity Name WEST TAMPA COMMUNITY DEVELOPMENT CORPORATION	



FILED
07 OCT 25 PM 3:10

CLERK OF STATE
TALLAHASSEE, FLORIDA



10052010 REIN-TP CR2E099 (4-07)

Principal Place of Business 1803 N HOWARD AVE TAMPA, FL 33607	Mailing Address 1803 N HOWARD AVE TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 102 City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. 102 City & State Zip Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, LEROY 1803 N HOWARD AVE TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE 10/22/2007

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, MANNY 4144 N. ARMENIA TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100111358271 10/25/07--01041--012 ++236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FISHER, MARGARET A 1744 BEACH STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMAJO, MERCY 1912 AILEEN STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KINSEY, RANDOLPH 4201 UNION STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBINSON, JOSEPH 2338 PALMETTO STREET 2338 Palmetto Street TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2338 Palmetto St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, GERALDINE 2606 ST. CONRAD ST., APT. B TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE 	DATE 10/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	