2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N19000008067

1. Entity Name
TAMPA BAY AREA EMMAUS, INC.

Principal Place of Business	Mailing Address
3010 COLONIAL RIDGE DR TAMPA, FL 33511	3010 COLONIAL RIDGE DR TAMPA, FL 33511

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5243315

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTON, LARRY D
3010 COLONIAL RIDGE DR
TAMPA, FL 33511

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOSTON, LARRY D
STREET ADDRESS	3010 COLONIAL RIDGE DR
CITY-ST-ZIP	TAMPA, FL 33511
TITLE	DV
NAME	RANALLI, PHILLIP
STREET ADDRESS	3608 SPRINGVILLE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	DT
NAME	BOSTON, SANDRA L
STREET ADDRESS	3010 COLONIAL RIDGE DR
CITY-ST-ZIP	TAMPA, FL 33511
TITLE	DS
NAME	RANALLI, BOBBIE
STREET ADDRESS	3608 SPRINGVILLE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Larry D Boston 1/16/08 813-685-5986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #