

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14351

FILED
Mar 14, 2007
Secretary of State

Entity Name: REESE GROUP HOME OF TAMPA BAY, INC.

Current Principal Place of Business:

7614 35TH AVENUE SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

7614 35TH AVENUE SOUTH
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-2722411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, LINDA C.
7614 35TH AVENUE SOUTH
TAMPA, FL 33619 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: REESE, LINDA C.,
Address: 7614 SO 35TH AVE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: CHARLES, WILLIE M
Address: 6903 CAMERON AVE
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: PETERSON, WILLIE MAE
Address: 7505 SAVANNAH LANE
City-St-Zip: TAMPA, FL 33637

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA C. REESE

PD

03/14/2007

Electronic Signature of Signing Officer or Director

Date