

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 719179

1. Entity Name
TAMPA BAPTIST MANOR, INC.



Principal Place of Business
**215 W GRAND CENTRAL AVENUE
TAMPA, FL 33606**

Mailing Address
**215 W GRAND CENTRAL AVENUE
TAMPA, FL 33606**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7095420 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFSTETTER, PAUL
442 W KENNEDY BLVDN
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LOUGHRIE, SANDRA
STREET ADDRESS	125 BOSPHOURS AVE
CITY-ST-ZIP	TAMPA, FL 336064011
TITLE	D
NAME	BEARD, DONNA
STREET ADDRESS	2915 BAYSHORE CT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	GABRIEL, MARGORIE
STREET ADDRESS	4216 BEACHWAY DR
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	P
NAME	HOFFSTETTER, PAUL
STREET ADDRESS	442 W KENNEDY BLVD #360
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	WILLIAMS, DAVID
STREET ADDRESS	5604 RIVERSHORE DR
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	LINSKY, BILL
STREET ADDRESS	4851 W. GANDY BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

01/25/06-80029-008 61.25

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: Sandra Loughrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 (813)251-2425
Date Daytime Phone #