

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90042 027 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

LINSKY, BILL

Street Address (P.O. Box Number is Not Acceptable)

TAMPA BAPTIST MANOR, INC.

215 W. GRAND CENTRAL AVENUE

City

TAMPA

FL

Zip Code

33606

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 ☒ *Bill Linsky*
Signature, typed or printed name of registered agent and title if applicable.

Bill Linsky, President

1/5/2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LOUGHRIE, SANDRA
125 BOSPHOURS AVE
TAMPA, FL 336064011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEARD, DONNA
2915 BAYSHORE CT
TAMPA, FL 33611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GABRIEL, MARGORIE
4216 BEACHWAY DR
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOFFSTETTER, PAUL
442 W KENNEDY BLVD #360
TAMPA, FL 33606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, DAVID
5604 RIVERSHORE DR
TAMPA, FL 33603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINSKY, BILL
4851 W. GANDY BOULEVARD
TAMPA, FL 33611** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Linsky, Bill
4851 W. Gandy Boulevard
Tampa, FL 33611** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Williams, David
5604 Rivershore Drive
Tampa, FL 33603** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Petit, Tony
2108 Watrous Avenue
Tampa, FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Petit, Tony
2108 Watrous Avenue
Tampa, FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Petit, Tony
2108 Watrous Avenue
Tampa, FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Petit, Tony
2108 Watrous Avenue
Tampa, FL 33606** ☐ Change ☒ 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: x *Bill Linsky*, **Bill Linsky, President**

1/5/2007

(813) 253-2868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #