2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# 719179

Entity Name: TAMPA BAPTIST MANOR, INC.

Current Principal Place of Business:

215 W GRAND CENTRAL AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

215 W GRAND CENTRAL AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 23-7095420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LINSKY, BILL
TAMPA BAPTIST MANOR, INC.
215 W GRAND CENTRAL AVE
TAMPA, FL 33606 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:	ST	( ) Delete
Name:	LOUGHRIE, SANDRA	
Address:	125 BOSPHOURS AVE	
City-St-Zip:	TAMPA, FL 336064011	
Title:	D	( ) Delete
Name:	BEARD, DONNA	
Address:	2915 BAYSHORE CT	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	GABRIEL, MARGORIE	
Address:	4216 BEACHWAY DR	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	PETIT, TONY	
Address:	2108 WATROUS AVE.	
City-St-Zip:	TAMPA, FL 33606	
Title:	V	( ) Delete
Name:	WILLIAMS, DAVID	
Address:	5604 RIVERSHORE DR	
City-St-Zip:	TAMPA, FL 33603	
Title:	P	( ) Delete
Name:	LINSKY, BILL	
Address:	4851 W. GANDY BOULEVARD	
City-St-Zip:	TAMPA, FL 33611	

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:		
Title:	D	(X) Change ( ) Addition
Name:	LOWRY, CHARLES M	
Address:	4110 W. EUCLID AVE.	
City-St-Zip:	TAMPA, FL 33611	
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 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: BILL LINSKEY P 06/30/2009

Electronic Signature of Signing Officer or Director — Date