

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 021 ****61.25

DOCUMENT # 720066

1. Entity Name
PALM AVENUE BAPTIST TOWER, INC.



Principal Place of Business
**215 E PALM AVE
TAMPA, FL 33602-2200 US**

Mailing Address
**215 E PALM AVE
TAMPA, FL 33602-2200 US**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1466401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAR, JOE T., JR.
1301 - 10TH ST E #8
PALMETTO, FL 34221**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRAIN, RANDY
STREET ADDRESS	4016 EL PRADO
CITY-ST-ZIP	TAMPA, FL
TITLE	ST
NAME	STRAIN, SALLY
STREET ADDRESS	4016 EL PRADO
CITY-ST-ZIP	TAMPA, FL
TITLE	D DELETE ADD <input checked="" type="checkbox"/>
NAME	HAWSEY, MARIE RuthAnn Cross
STREET ADDRESS	709 W PARK AVE 1712 Ferris Ave.
CITY-ST-ZIP	TAMPA, FL Tampa, FL 33603
TITLE	D DELETE ADD <input checked="" type="checkbox"/>
NAME	EDWARD ANDREWS
STREET ADDRESS	215 E PALM AVE #1207
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D DELETE ADD <input checked="" type="checkbox"/>
NAME	David Julie
STREET ADDRESS	502 E. Clara Dr.
CITY-ST-ZIP	Brandon, FL 33510
TITLE	D DELETE ADD <input checked="" type="checkbox"/>
NAME	Robby Cramer
STREET ADDRESS	5200 Dove Dr.
CITY-ST-ZIP	New Port Richey, FL 34652

**DO NOT WRITE
IN THIS SPACE**

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

Randall R. Strain **RANDALL R. STRAIN** 1/31/07 (813) 837-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #