



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90846 041 ****61.25

DOCUMENT # 739879					
1. Entity Name ST. MARY'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.					
Principal Place of Business 4311 SAN MIGUEL TAMPA, FL 33629		Mailing Address 4311 SAN MIGUEL TAMPA, FL 33629		40030300  04262007 Chg-NP CR2E037 (12/06)	
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	4. FEI Number 59-0766994	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAYFIELD, CRAIG R ESQ 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAR, LEA		NAME	VALAES, MATT	
STREET ADDRESS	3212 W CHAPIN AV.E		STREET ADDRESS	4522 W BROOKWOOD DR	
CITY-ST-ZIP	TAMPA, FL 336112704		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNARD, JACK		NAME	HAMPTON, RICK	
STREET ADDRESS	5311 BAYSHORE BLVD.		STREET ADDRESS	3311 W SANTIAGO ST	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, DAVID		NAME	HEALY, DAVID	
STREET ADDRESS	814 IDLEWOOD AVE		STREET ADDRESS	2516 W SIMMS BLVD	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEZAR, DENNIS C REV		NAME		
STREET ADDRESS	4106 WEST SAN JUAN ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICKEY, DINAH		NAME		
STREET ADDRESS	3818 W EL PRADO BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Matt A. Valaes</i> Matt A. Valaes			4-27-2007 (813) 251-1660		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #