2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 741931

Entity Name: THE CRISIS CENTER OF TAMPA BAY, INC.

Current Principal Place of Business:

ONE CRISIS CENTER PLAZA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

ONE CRISIS CENTER PLAZA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-1785265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA, INC
201 N. FRAMKLIN STREET, SUITE 2100
TAMPA, FL 33602 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:	CD	( ) Delete
Name:	BUTT, JEFFREY D ESQUIRE	
Address:	201 NORTH FRANKLIN STREET, SUITE 2100	
City-St-Zip:	TAMPA, FL 33602	
Title:	SD	( ) Delete
Name:	MARTINO, PHILIP ESQUIRE	
Address:	101 EAST KENNEDY BOULEVARD, SUITE 2000	
City-St-Zip:	TAMPA, FL 33602	
Title:	TD	( ) Delete
Name:	COVINGTON, KAREN CPA	
Address:	3109 W. DR. MARTIN LUTHER KING JR. BLVD.	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	ROSS, DENNIS M	
Address:	ONE CRISIS CENTER PLAZA	
City-St-Zip:	TAMPA, FL 33613	
Title:	VD	( ) Delete
Name:	WORTHY, MICLELE	
Address:	18210 CRANE NEST DRIVE, BLDG 4 2ND FLOOR	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	( ) Delete
Name:	HOWELL, GARY ASA EA	
Address:	3031 NORTH ROCKY POINT DRIVE WEST STE 1400	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	TRAUD, TIM CPA	
Address:	10560 DR. MARTIN LUTHER KING JR ST NO.	
City-St-Zip:	ST. PETERSBURG, FL 33716	
Title:	D	(X) Change ( ) Addition
Name:	MILLER, LINDA A	
Address:	732 APALACHEE DRIVE N.E.	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: DENNIS M. ROSS D 01/03/2007

Electronic Signature of Signing Officer or Director — Date