


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 031 ****61.25

DOCUMENT # 761473 1. Entity Name TAMPA NEIGHBORHOOD WATCH ASSOCIATION, INC.					
Principal Place of Business 411 N. FRANKLIN ST TAMPA, FL 33604 US			Mailing Address 411 N. FRANKLIN ST TAMPA, FL 33604 US		
2. Principal Place of Business - No P.O. Box # 3621 EAST GENESSE		3. Mailing Address P.O. BOX 311657			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 59-2201398	
Zip 33610		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOBLEY, SAMUEL L SR. SAME REGISTERED AGENT 411 N. FRANKLIN ST NEW ADDRESS TAMPA, FL 33604 3621 EAST GENESSE ST. TAMPA, FL. 33610		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Samuel L. Mobley Sr. Samuel L. Mobley</i></u> <u>1/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	P MOBLEY, SAMUEL L DR. 4234 E. CAYAGA ST. TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRENDA WILLIAMS 203 PALISADES PARK AVE. TAMPA, FL. 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLTZ, NORMAN 1311 W. CLINTON ST. TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL ESTELLA ACREE 3615 E. GENESSE ST. TAMPA, FL. 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, THELMA 1602 N. LOIS AVENUE TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GLADYS JACKSON 2101 E. 24TH AVE. TAMPA, FL 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL DICKERSON, FLORENCE 8220 N. FL AVENUE TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL BRENDA JOHNSON 4307 n. 37TH ST. TAMPA, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL DOWD, BETTY 1221 E. CAYAGA ST. TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WAYNE SCHNARS 1902 E. HENRY AVE. TAMPA, FL. 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SAMUEL L. MOBLEY SR. <u><i>Samuel L. Mobley Sr.</i></u> <u>01/06/07</u> <u>(813)628-4243</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					