

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 771034</b> 1. Entity Name <b>THE OLD SAINT MARK COMMUNITY AID CENTER AT PORT TAMPA, INCORPORATED</b>			<b>FILED</b> 2006 SEP 18 PM 4: 00 SECRETARY OF STATE FLORIDA  09082006 No Chg-NP CR2E037 (4/06)	
Principal Place of Business <b>7218 SHERRILL ST TAMPA, FL 33616</b>		Mailing Address <b>7218 SHERRILL ST TAMPA, FL 33616</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
6. Name and Address of Current Registered Agent  <b>HAYNES, SANDRA 4512 MCELROY AVE TAMPA, FL 33611</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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>Sandra Haynes Sandra Haynes</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>		<u>9/8/06</u> <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>600080037456</b> 9/8/21/06--01050--002 **61.25		
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, RANDOLPH T SR 2704 32ND ST TAMPA, FL 33605			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNNS, JIMMY 3813 OKLAHOMA AVE TAMPA, FL 33616			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDISH, TYRONE W 8103 JAD DR TAMPA, FL 33619			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNNS, ANNIE L 3813 OKLAHOMA AVE TAMPA, FL 33616			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB CANNON, NORMAN T 5102 IDAHO ST TAMPA, FL 33616			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LILA J 7312 MASCOTT ST TAMPA, FL 33616 <div style="text-align: right; font-size: 2em; margin-top: 10px;"> <i>B 9/19/06</i> </div>			
<b>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.</b>				
SIGNATURE: <u><i>Norman T. Cannon</i></u> <b>NORMAN T. CANNON</b>		<u>9/8/06</u> <u>(813) 839-0295</u> <small>Date Daytime Phone #</small>		