

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 771034

1. Entity Name
THE OLD SAINT MARK COMMUNITY AID CENTER AT
PORT TAMPA, INCORPORATED



Principal Place of Business
7218 SHERRILL ST
TAMPA, FL 33616

Mailing Address
7218 SHERRILL ST
TAMPA, FL 33616

FILED

2006 SEP 18 PM 4:00

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

09082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2921072	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, SANDRA
4512 MCELROY AVE
TAMPA, FL 33611

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

9/8/06
DATE

(NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees
600080037456
09/21/06--01050--002 **61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME MYERS, RANDOLPH T SR
STREET ADDRESS 2704 32ND ST
CITY-ST-ZIP TAMPA, FL 33605

TITLE S
NAME MUNNS, JIMMY
STREET ADDRESS 3813 OKLAHOMA AVE
CITY-ST-ZIP TAMPA, FL 33616

TITLE D
NAME REDDISH, TYRONE W
STREET ADDRESS 8103 JAD DR
CITY-ST-ZIP TAMPA, FL 33619

TITLE D
NAME MUNNS, ANNIE L
STREET ADDRESS 3813 OKLAHOMA AVE
CITY-ST-ZIP TAMPA, FL 33616

TITLE CB
NAME CANNON, NORMAN T
STREET ADDRESS 5102 IDAHO ST
CITY-ST-ZIP TAMPA, FL 33616

TITLE D
NAME THOMAS, LILA J
STREET ADDRESS 7312 MASCOTT ST
CITY-ST-ZIP TAMPA, FL 33616

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IN THIS SPACE**

B 9/19/06

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: Norman J. Cannon Norman T. CANNON 9/8/06 (813) 839-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #