

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771034

FILED
Mar 27, 2007
Secretary of State

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

Current Principal Place of Business:

7218 SHERRILL ST
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

7218 SHERRILL ST
TAMPA, FL 33616

New Mailing Address:

FEI Number: 59-2921072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, SANDRA
4512 MCELROY AVE
TAMPA, FL 33611 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: D () Delete
Name: MYERS, RANDOLPH T SR
Address: 2704 32ND ST
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: MUNNS, JIMMY
Address: 3813 OKLAHOMA AVE
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: REDDISH, TYRONE W
Address: 8103 JAD DR
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: MUNNS, ANNIE L
Address: 3813 OKLAHOMA AVE
City-St-Zip: TAMPA, FL 33616

Title: CB () Delete
Name: CANNON, NORMAN T
Address: 5102 IDAHO ST
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: THOMAS, LILA J
Address: 7312 MASCOTT ST
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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: NORMAN T.CANNON

C

03/27/2007

Electronic Signature of Signing Officer or Director

Date