


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 034 ****61.25

DOCUMENT # N00000002790 1. Entity Name TAMPA BAY KARMA THEGSUM CHOLING, INC.					
Principal Place of Business 13515 LAKE MAGDALENE BLVD. TAMPA, FL 33618			Mailing Address PO BOX 10186 TAMPA, FL 33679-1018		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CRALLE H 13515 LAKE MAGDALENE BLVD. TAMPA, FL 33618			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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	D CROCKETT, PETER PO BOX 2783 ST. PETERSBURG, FL 33731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crockett, Peter PO Box 2783 St Petersburg FL 33731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT, MATUSKY M PO BOX 1607 LAND O LAKES, FL 34639		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Hight, Dade 4920 Bosphorus AVE Tampa FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRABAU, DAVID DR. 7806 LEMONWOOD CT. TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GWEN, HANNER 5701 N FLORIDA AVE TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Peter Crockett</i>			Peter Crockett, Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/20/07 727-388-4235		