2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N00000003107

Entity Name: AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER INC.

Current Principal Place of Business:

2910 24TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2910 24TH AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, FLETCHER
2910 24TH AVE
TAMPA, FL 33605 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: P/D ( ) Delete
Name: ANDERSON, FLETCHER
Address: 2910 24TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: GALLMON, BETTY
Address: 4213 E LOUISIANA
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: ANDERSON, PAULETTE
Address: 5711 TROY CT, APT 104
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: GRANT, STEPHANIE
Address: 4714 N. HABANA #203
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: BYRD, LEATRICE
Address: 2113 W. KATHLEEN ST
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: BAKER, MARIA L
Address: 1220 34TH STREET
City-St-Zip: SARASOTA, FL 34234

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
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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: FLETCHER ANDERSON RA 04/20/2007
Electronic Signature of Signing Officer or Director — Date