# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006**
**Secretary of State**

DOCUMENT# N01000000956

**Entity Name:** TAMPA BAY AREA FAITH-BASED ALLIANCE, INC.

**Current Principal Place of Business:**

4209 N. 34TH STREET
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7772
TAMPA, FL 336737772 US

**New Mailing Address:**

**FEI Number: 59-3731984** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MERRITT-BELL, DEMETRIA
11412 N. 19TH STREET
TAMPA, FL 33612 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: | CD | ( ) Delete |
| Name: | MERRITT-BELL, DEMETRIA L | |
| Address: | 11412 N. 19TH ST. | |
| City-St-Zip: | TAMPA, FL 33612 | |
| Title: | VCD | ( ) Delete |
| Name: | CONEY, ERNEST | |
| Address: | 806 E. 131ST AVE. | |
| City-St-Zip: | TAMPA, FL 33612 | |
| Title: | TD | ( ) Delete |
| Name: | FRANKS, DEGRANDO | |
| Address: | 5512 47TH STREET | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | SD | ( ) Delete |
| Name: | BARNUM, JOEL | |
| Address: | 4008 E. HENRY AV. | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | D | ( ) Delete |
| Name: | OVERTON, DIANE | |
| Address: | 6077 5TH AVENUE N | |
| City-St-Zip: | SAINT PETERSBURG, FL 33701 US | |
| Title: | D | ( ) Delete |
| Name: | JAMES, VERSEY | |
| Address: | P.O. BOX 31111 | |
| City-St-Zip: | TAMPA,, FL 33689 US | |

**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: DEMETRIA MERRITT-BELL MRS 05/01/2006

Electronic Signature of Signing Officer or Director — Date