

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003216

FILED
Feb 27, 2007
Secretary of State

Entity Name: LISTENING BETWEEN THE LINES, INC.

Current Principal Place of Business:

1001 E CRAWFORD ST
TAMPA, FL 336045017

New Principal Place of Business:

Current Mailing Address:

1001 E CRAWFORD ST
TAMPA, FL 336045017

New Mailing Address:

FEI Number: 65-1123070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPKE, ALAN
1001 E CRAWFORD ST
TAMPA, FL 336045017 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: PD () Delete
Name: LIPKE, ALAN
Address: 1001 E CRAWFORD ST
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: LIPKE, YVONNE
Address: 1001 E CRAWFORD ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: NEUMANN, PROFESSOR MARK
Address: 5202 SUWANEE AVE.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: TOKLEY, JAMES
Address: 2118 WEST CARMEN ST
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: SHELBY, PATRICK
Address: 6602 N 9TH STREET
City-St-Zip: TAMPA, FL 33604

Title: COBD () Delete
Name: CUMMINGS-JAMES, NAVITA PROFESS
Address: 15810 SPRINGCREST CIRCLE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NEUMANN, PROFESSOR MARK
Address: P.O. BOX 5619
City-St-Zip: FLAGSTAFF, AZ 86011 56

Title: D (X) Change () Addition
Name: KAPLAN, H. R
Address: 4626 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

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: ALAN LIPKE

PD

02/27/2007

Electronic Signature of Signing Officer or Director

Date