


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90037 013 ****61.25

DOCUMENT # N01000007311	
1. Entity Name TAMPA PORT MINISTRIES, INC.	

Principal Place of Business TAMPA PORT MINISTRIES, INC. 1912 EASTPORT DRIVE TAMPA FL 33605-6744	Mailing Address TAMPA PORT MINISTRIES, INC. 1912 EASTPORT DRIVE TAMPA FL 33605-6744
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip 33605-6757	Country
Zip 33605-6757	Country

4. FEI Number 59-3755480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEY, JERRY D REV. 27450 SUGAR LOAF DRIVE WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent Name Judy D. Dunn Street Address (P.O. Box Number is Not Acceptable) 1912 Eastport Dr. Tampa City FL Zip Code 33605-6757

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 <u><i>Judy D. Dunn</i></u> DATE <u>April 3, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>

FILE NOW: 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	REV KEY, JERRY D 27450 SUGAR LOAF DRIVE WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MR DON, FARRIS 101 EAST KENNEDY BLVD. TAMPA FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MR. ROY, HELLWEGE 7770 SO. HARBOUR PLACE TAMPA FL 33660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MR HUGHES, WINGFIELD 5306 PINE ROCKLANDS AVE LITHIA FL 33547 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MR PATRICK, HARMON M 8813 HWY 41 SOUTH RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MRS HOLLAND, SHIRLEY 3006 MARLIN AVE TAMPA FL 33511 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	Interim Executive Director Dunn Judy D. 1912 Eastport Dr. Tampa, FL 33605-6757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Judy D. Dunn</i></u> Judy D. Dunn 4-3-07 813-247-5237 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
