

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002779

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: CHURCH OF THE RESURRECTION TAMPA, INC.

**Current Principal Place of Business:**

12720 N. FLORIDA AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

12720 N. FLORIDA AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 36-4493761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLSON, CHARLES  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606 US

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

ROBINSON, LORRAINE  
1503 OAKADIA DRIVE, WEST  
CLEARWATER, FL 33764 US

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: LORRAINE ROBINSON

04/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DONLON, KEVIN F  
Address: 12720 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete  
Name: CRANE, MARY ANN MS  
Address: 308 S. BUNGELow PARK AVE., APT. D  
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete  
Name: LIVINGSTON, JOHN MR  
Address: 4423 W. FIG STREET  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: COOPER, DOROTHY S MRS.  
Address: 7325 BROOKVIEW CIRCLE  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: WOODBROOK, GRAEME MR  
Address: 17802 RIDGE WAY CT.  
City-St-Zip: TAMPA, FL 33647

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: DOROTHY S. COOPER

S

04/20/2007

Electronic Signature of Signing Officer or Director

Date