

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005524

FILED
Apr 10, 2006
Secretary of State

Entity Name: PRAY TAMPA BAY, INC.

Current Principal Place of Business:

10 LADOGA
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

10 LADOGA
TAMPA, FL 33606

New Mailing Address:

FEI Number: 51-0433565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWHIRTER, CAMILLE
10 LADOGA
TAMPA, FL 33606 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: MCWHIRTER, CAMILLE C
Address: 10 LADOGA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: COSMO, LEIGH A
Address: 809 SOUTH ROME AVENUE
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: HART, DONNA F
Address: 1724 MAGDELENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: VAN WERT, DAWN R
Address: 4314 W JETTON
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PASKERT, CHANDRA
Address: 4220 CORONA
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Change () Addition
Name: FREEMAN, KATHY S
Address: 4211 W. CULBREATH
City-St-Zip: TAMPA, FL 33609

Title: D () Change (X) Addition
Name: ORTIZ, MARIA
Address: 2910 N. 16TH
City-St-Zip: TAMPA, FL 33605

Title: D () Change (X) Addition
Name: GOLDSTEIN, JACKIE
Address: 2313 SUNVIEW
City-St-Zip: VALRICO, FL 33594

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: CAMILLE C. MCWHIRTER

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date