2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N02000005524

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 ( )**
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:

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:	PASKERT, CHANDRA	
Address:	4220 CORONA	
City-St-Zip:	TAMPA, FL 33629	
Title:	TD	( ) Delete
Name:	FREEMAN, KATHY S	
Address:	4211 W. CULBREATH	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	ORTIZ, MARIA	
Address:	2910 N. 16TH	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	GOLDSTEIN, JACKIE	
Address:	2313 SUNVIEW	
City-St-Zip:	VALRICO, FL 33594	

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 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 MCWHIRTER PD 05/07/2007

Electronic Signature of Signing Officer or Director — Date