


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90046 027 \*\*\*\*\*70.00

<b>DOCUMENT # N03000009580</b>	
1. Entity Name <b>TAMPA COALITION FOR CHANGE, INC.</b>	

Principal Place of Business <b>PO BOX 310364 TAMPA, FL 33680-0364</b>	Mailing Address <b>PO BOX 310364 TAMPA, FL 33680-0364</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2395454**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent	
<b>REDDICK, FRANK A 4610 JOHN BELL DR. TAMPA, FL FL336-10</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDICK, FRANK A</b>	NAME	
STREET ADDRESS	<b>PO BOX 310364</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 336800364</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENLEE, GEORGE M</b>	NAME	
STREET ADDRESS	<b>1705 E. CRAWFORD CIR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, DELORIS E</b>	NAME	
STREET ADDRESS	<b>PO BOX 4209</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33677</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, AARON</b>	NAME	
STREET ADDRESS	<b>6601 ORANGEWOOD TER.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** FRANK A. REDDICK **2/14/07** **813-220-6751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #