

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009010

FILED  
May 11, 2005  
Secretary of State

Entity Name: THE CENTER IN TAMPA, INC.

**Current Principal Place of Business:**

12010 COLONIAL ESTATES LN  
RIVIERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

12010 COLONIAL ESTATES LN  
RIVIERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 27-0104126      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:**

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

ROMAN, ROBERT  
12010 COLONIAL ESTATES LN  
RIVIERVIEW, FL 33569      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ROMAN, ROBERT  
Address: 12010 COLONIAL ESTATES LN  
City-St-Zip: RIVIERVIEW, FL 33569

Title: V      ( ) Delete  
Name: ROMAN, ORFA  
Address: 12010 COLONIAL ESTATES LN  
City-St-Zip: RIVIERVIEW, FL 33569

Title: S      ( ) Delete  
Name: HEARD, ANDREW  
Address: 2901 WILDTREE DR #201  
City-St-Zip: RIVIERVIEW, FL 33569

Title: T      ( ) Delete  
Name: COBEAGA, MIRIAM  
Address: 119 KIANA DR  
City-St-Zip: BRANDON, FL 33511

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIRIAM COBEAGA

T

05/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date