2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400009010

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

Entity Name: THE CENTER IN TAMPA, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
911 BRYAN ROAD BRANDON, FL 33511				3007 S. KINGS AVE BRANDON, FL 33511		
Current Mailing Address:			New Mailii	New Mailing Address:		
P.O. BOX 6 BRANDON	72 , FL 33509067 <i>:</i>	2				
FEI Number: 27-0104126 FEI Number Applied For () FEI Number		FEI Number Not Appli	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	OBERT ONIAL ESTATE V, FL 33569	ES LANE US				
The above in the State		bmits this statement for the pu	rpose of changing it	ts registered o	office or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Ager	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCT () E ROMAN, ROBER 12010 COLONIAI RIVIERVIEW, FL	_ ESTATES LN	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VT () E ROMAN, ORFA 12010 COLONIAI RIVIERVIEW, FL		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ()E HARWOOD, TER 6821 W WATERS TAMPA, FL 3363	SAVE	Title: Name: Address: City-St-Zip:	S (X HARWOOD, TE 3702 ORANGE VALRICO, FL	POINTE ROAD	
Title: Name: Address: City-St-Zip:	T () C COBEAGA, MIRIA 119 KIANA DR BRANDON, FL 3		Title: Name: Address: City-St-Zip:) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MIRIAM E COBEAGA T 04/29/2007

(X) Delete

COTTO, SAMUEL

TAMPA, FL 33634

6821 W WATERS AVE

() Change () Addition