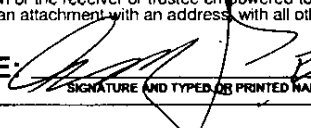


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 001 ****70.00

DOCUMENT # N05000002246					
1. Entity Name CHURCH OF GOD (SEVENTH DAY) AT TAMPA, FLORIDA, INC.					
Principal Place of Business 6501 WEST NEBRASKA AVENUE TAMPA, FL 33604 US			Mailing Address 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEDRANO, ELIEZER		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEDRANO, JULIAN		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEDRANO, GENARO		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ACUNA, AGRIPINO		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEDRANO, JOSE		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEDRANO, SAMUEL		NAME		
STREET ADDRESS	1131 LAKEWOOD CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		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: 		Eliezer Medrano		04-01-06 813-267-3254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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02142006 Chg-NP CR2E037 (11/05)

4. FEI Number 90-2431729	Applied For ☐
	Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	