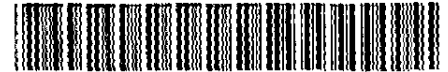


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000008199	
1. Entity Name GREATER TAMPA CERT INC.	

Principal Place of Business 18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711	Mailing Address 18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3811341	Applied: ☐ Not App.
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCULLOUGH, BETTE L. 18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711	
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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 am the obligations of registered agent.

SIGNATURE _____
Signature, typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when representing) DATE _____

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODWIN, BONNIE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCULLOUGH, BETTE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PECORARO, JODI E. 18122 ANTIETAM CT. TAMPA FL 33647-1711 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEVINS, DONALD F. 18122 ANTIETAM CT. TAMPA FL 33647-1711 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISANESCHI, BRIAN A. 18122 ANTIETAM CT. TAMPA FL 33647-1711 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
U000000487363 04/13/06-80075-001 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* 3/27/06 61.25-17