


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 002 ****61.25

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3811341	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <input type="checkbox"/> Delete GOODWIN, BONNIE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV <input type="checkbox"/> Delete MCCULLOUGH, BETTE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Pisaneschi, Brian A. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS <input type="checkbox"/> Delete PECORARO, JODI E. 18122 ANTIETAM CT. TAMPA FL 33647-1711	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Levy, Monique M. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT <input checked="" type="checkbox"/> Delete NEVINS, DONALD F. deceased 18122 ANTIETAM CT. TAMPA FL 33647-1711	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer McCullough, Bette L. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete PISANESCHI, BRIAN A. 18122 ANTIETAM CT. TAMPA FL 33647-1711	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sgt. at Arms Pecoraro, Jodi E. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Bette L. McCullough** **4/18/07** **(813)631-8638**