

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

DOCUMENT # N05000008199

1. Entity Name

GREATER TAMPA CERT INC.



FILED

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

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



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address				
18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711		18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711				
2. Principal Place of Business - No P.O. Box #		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				7. Name and Address of New Registered Agent		
MCCULLOUGH, BETTE L. 18122 ANTIETAM CT. C/O BETTE L. MCCULLOUGH TAMPA FL 33647-1711				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

Signature, typed or printed name of registered agent and title if applicable.

(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 GOODWIN, BONNIE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCULLOUGH, BETTE L. 18122 ANTIETAM CT. TAMPA FL 33647-1711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pisanescchi, Brian A. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PECORARO, JODI E. 18122 ANTIETAM CT. TAMPA FL 33647-1711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Levy, Monique M. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT deceased <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McCullough, Bette L. 18122 Antietam Ct. Tampa, FL 33647-1711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISANESCHI, BRIAN A. 18122 ANTIETAM CT. TAMPA FL 33647-1711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgt. at Arms <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #