2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State
08-31-2006 90002 028 ****70.00

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1. Entity Name
COGIC GREATER TAMPA BAY DISTRICT, EASTERN FLOIRDA JURDISDICTION, INC.

Principal Place of Business	Mailing Address
7002 E. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33619	7002 E. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33619

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08282006 Chg-NP CR2E037 (4/06)

4. FEI Number 42-1677493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERSON, DAVID DR. 5010 WESLEY DRIVE TAMPA, FL 33647	Name: Taylor, Nathan J Street Address (P.O. Box Number is Not Acceptable): 7002 E. M.L. King JR. Blvd. TAMPA, FL 33619 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] Nathan J Taylor 8/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, NATHAN J 7002 E. MARTIN LUTHER KING, JR. BLVD TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Daryl Flintroy 1705 Green Ridge Rd. Tampa, FL 33619	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, VERNICE J 16501 BLENHEIM DR TAMPA, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Nathan J Taylor 8/28/06 (813)620-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #