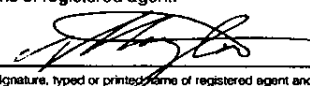


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

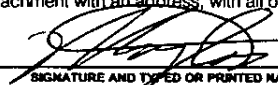
FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 028 ****70.00

DOCUMENT # N05000008377 1. Entity Name COGIC GREATER TAMPA BAY DISTRICT, EASTERN FLOIRDA JURDISDICTION, INC.					
Principal Place of Business 7002 E. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33619			Mailing Address 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	4. FEI Number 42-1677493	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROBERSON, DAVID DR. 5010 WESLEY DRIVE TAMPA, FL 33647			7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable.		Nathan J Taylor (NOTE: Registered Agent signature required when re-registering)		8/28/06 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	THOMAS M 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:

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