

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012207

FILED
Jan 10, 2007
Secretary of State

Entity Name: HOPE FOR TAMPA COMMUNITY CENTER, INC.

Current Principal Place of Business:

5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-4246143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MICHAEL
5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIRD, JIM
Address: 18304 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: GILLESPIE, DON
Address: 8803 BYS RUN
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: HENDERSON, LANCE
Address: 2504 ST CHARLOTTE PL
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: INGRAM, DWAYNE
Address: 17820 WILLOW LAKE DR
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: JONES, MICHAEL
Address: 19143 GOLDEN CACOON PL
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: PORTER, BENSON
Address: 55208 LADY ROSE CT
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JONES

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date