

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003173

FILED
Apr 30, 2007
Secretary of State

Entity Name: TAMPA BAY MISSIONS INC.

Current Principal Place of Business:

873 WEST BAY DR.
#214
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

873 WEST BAY DR.
#214
LARGO, FL 33770

New Mailing Address:

FEI Number: 11-3774561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, TIM
873 WEST BAY DR.
#214
LARGO, FL 33770 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: P,D () Delete
Name: RICE, TIM
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: S,T () Delete
Name: WASSERMAN, DEBBIE
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: RANSCHT, DAVID
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: EARLEY, PATRICA
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: D (X) Delete
Name: WILLIAMS, RODNEY
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: WASSERMAN, DEBBIE
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: VPD (X) Change () Addition
Name: AVAREZ, RUBEN
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

Title: D (X) Change () Addition
Name: WILLIAMS, RODNEY
Address: 873 WEST BAY DR. #214
City-St-Zip: LARGO, FL 33770

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM RICE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date