2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# N18036

Entity Name: URBAN FINANCIAL SERVICES COALITION, INC. - TAMPA BAY

Current Principal Place of Business:

P.O. BOX 1915
TAMPA, FL 33602

New Principal Place of Business:

2105 N NEBRASKA AVENUE
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 1915
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2825011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STAMPS, S.M. DAVID III
501 E KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 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:	DV	( ) Delete
Name:	CAMPBELL, NICOLE	
Address:	1500 S. DALE MABRY	
City-St-Zip:	TAMPA, FL 33629	
Title:	P	( ) Delete
Name:	MANER, C. MACHELLE	
Address:	100 S. ASHLEY DR., STE 1000	
City-St-Zip:	TAMPA, FL 33602	
Title:	TS	( ) Delete
Name:	WIMBERLY, FRANCES	
Address:	PO BOX 5152	
City-St-Zip:	TAMPA, FL 33675	
Title:	D	( ) Delete
Name:	JONES, SUSAN	
Address:	3800 CITIBANK CENTER BLDG 5 2ND FL	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	DYSON, ANGIE	
Address:	1702 E 17 AVE	
City-St-Zip:	TAMPA, FL 33675	
Title:	V	( ) Delete
Name:	CARSWELL, ANTHONY	
Address:	101 E KENNEDY BLVD	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TS	(X) Change ( ) Addition
Name:	WIMBERLY, FRANCES A	
Address:	PO BOX 5152	
City-St-Zip:	TAMPA, FL 33675	
Title:		( ) Change ( ) Addition
Name:		
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 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: FRANCES A. WIMBERLY TS 07/25/2007
Electronic Signature of Signing Officer or Director — Date