2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N35817

1. Entity Name
THE TAMPA ECUMENICAL PRAYER TEAM, INC.

Principal Place of Business	Mailing Address
2520 WEST SHELLPOINT TAMPA, FL 33611 US	2520 WEST SHELLPOINT TAMPA, FL 33611 US

04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3061113

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCGOWAN, WILLIAM F., JR.
2520 WEST SHELLPOINT
TAMPA, FL 33611

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCGOWAN, BARBARA SPOTO
STREET ADDRESS	2520 WEST SHELLPOINT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	DV
NAME	WRIGHT, BERNADINE
STREET ADDRESS	118 MARTINIQUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DS
NAME	MCGOWAN, WILLIAM F. JR.
STREET ADDRESS	2520 WEST SHELLPOINT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	DT
NAME	SPRING, WILLIAM
STREET ADDRESS	12230 LANESHAW DR.
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80020-002 61.25

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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: William Spring 4/19/07 813 986 8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #