

**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 2520 WEST SHELLPOINT TAMPA, FL 33611 US	Mailing Address 2520 WEST SHELLPOINT TAMPA, FL 33611 US	



04192007 No Chg-NP CR2E037 (4/06)

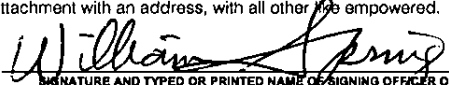
4. FEI Number 59-3061113	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCGOWAN, WILLIAM F., JR. 2520 WEST SHELLPOINT TAMPA, FL 33611		DO NOT WRITE IN THIS SPACE
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 (NOTE: Registered Agent signature required when reinstating)		DATE _____
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCGOWAN, BARBARA SPOTO 2520 WEST SHELLPOINT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, BERNADINE 118 MARTINIQUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGOWAN, WILLIAM F. JR. 2520 WEST SHELLPOINT TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRING, WILLIAM 12230 LANESHAW DR. THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 persons empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/19/07 813 986 8555 Date Daytime Phone #