


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 032 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 2913 PASS A GRILLE WAY Suite, Apt. #, etc.		3. Mailing Address 2913 PASS A GRILLE WAY Suite, Apt. #, etc.	
City & State ST. PETE BEACH, FL		City & State ST. PETE BEACH, FL	
Zip 33706-4144	Country	Zip 33706-4144	Country
4. FEI Number 59-3061113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOWAN, WILLIAM F., JR. 2520 WEST SHELLPOINT TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGOWAN, BARBARA SPOTO 2520 WEST SHELLPOINT TAMPA, FL 33611	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, BERNADINE 118 MARTINIQUE TAMPA, FL 33606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGOWAN, WILLIAM F. JR. 2520 WEST SHELLPOINT TAMPA, FL 33611	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRING, WILLIAM 12230 LANESHAW DR. THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2913 PASS A GRILLE WAY ST. PETE BEACH FL 33706-4144	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12280 LANGSHAW DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William Spring</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/08</u> <u>813-986-8555</u> <small>Date Daytime Phone #</small>	

WILLIAM SPRING