2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N36615

Entity Name: NEW SMYRNA BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

5015 17TH ST
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5015 17TH ST
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEWART, FRANK S
3558 N 29TH ST
TAMPA, FL 33605 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:	PD	( ) Delete
Name:	LEE, WILLARD L	
Address:	3021 N 48TH ST APT. A	
City-St-Zip:	TAMPA, FL 33605	
Title:	VD	( ) Delete
Name:	EDWARDS, JERALDINE	
Address:	126 E. 143RD AVE.	
City-St-Zip:	TAMPA, FL 33613	
Title:	SD	( ) Delete
Name:	WILLIAMS, CARRIE	
Address:	3209 E. JEAN STREET	
City-St-Zip:	TAMPA, FL 33610	
Title:	SD	( ) Delete
Name:	MCCLARY, ALFREDA	
Address:	1613 E. NOME ST.	
City-St-Zip:	TAMPA, FL 33604	
Title:	TD	( ) Delete
Name:	BYRD, EARLINE	
Address:	3604 E GIDDENS AVE	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	PRESLEY, DANIEL	
Address:	5012 N. 19TH ST	
City-St-Zip:	TAMPA, FL 33610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLARD L. LEE PD 04/29/2007

Electronic Signature of Signing Officer or Director — Date