


**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N51388</b>					
<b>1. Entity Name</b> PENINSULAR CHRISTIAN CHURCH (DISCIPLES OF CHRIST) TAMPA, FLORIDA, INC.					
<b>Principal Place of Business</b> 3600 BLASTPOINT BLVD TAMPA, FL 33611 US			<b>Mailing Address</b> 3600 BALLAST POINT BLVD TAMPA, FL 33611 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312006 Chg-NP CR2E037 (11/05)	
Zip		Country		<b>4. FEI Number</b> 59-0970659	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RINER, KENT D. 3600 BALLAST POINT BLVD. TAMPA, FL 33611			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAGGETT, JOHN		NAME		
STREET ADDRESS	3610 PEARL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEENAN, JIM		NAME		
STREET ADDRESS	3309 W LEILA AV		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBRELL, TOM		NAME		
STREET ADDRESS	6325 INTERBAY AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSSER, MARK		NAME		
STREET ADDRESS	7217 S MASCOTTE ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



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05/15/06-80065-023 61.25

Signature: John Daggett JOHN DAGGETT

(813) 839-6027