


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90388 023 ****61.25

DOCUMENT # N96000001394 1. Entity Name TAMPA BAPTIST DEAF CHURCH, INC.					
Principal Place of Business 300 EAST SLIGH AVENUE TAMPA, FL 33604			Mailing Address 300 EAST SLIGH AVENUE TAMPA, FL 33604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOLPER, BARBARA E 300 E. SLIGH AVE. TAMPA BAPTIST DEAF CHURCH TAMPA, FL 33604				Name Feliciano Ronaldo Street Address (P.O. Box Number is Not Acceptable) 300 E. Sligh Av. Tampa Baptist Deaf Church City Tampa FL Zip Code 33604	
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 <u><i>Ronaldo Feliciano</i></u> DATE <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
Filing Fee is \$81.25 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	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAHUE, MICHAEL <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	110 MISSION HILLS AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, HILDA J		NAME		
STREET ADDRESS	9521 LAKE PINE PL		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33665		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, KATHY		NAME		
STREET ADDRESS	PO BOX 261871		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33685		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Amber LaHue		NAME		
STREET ADDRESS	110 Mission Hills Ave.		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33617		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Melissa Shiver		NAME		
STREET ADDRESS	4540 N. Armenia Ave #402		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33603		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		
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><i>Ronaldo Feliciano</i></u> DATE <u>4/19/06</u> DAYTIME PHONE # <u>813-817-1865</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					