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Secretary of State
02-16-2007 90035 047 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001394

1. Entity Name
TAMPA BAPTIST DEAF CHURCH, INC.

bbUU4UJ1

Principal Place of Business	Mailing Address
300 EAST SLIGH AVENUE TAMPA, FL 33604	300 EAST SLIGH AVENUE TAMPA, FL 33604

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3411865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RONALDS, FELICIANA~~ Ronaldo Feliciano 300 SLIGH AVE TAMPA BAPTIST DEAF CHURCH TAMPA, FL 33604	Name: Ronaldo Feliciano Street Address (P.O. Box Number is Not Acceptable): 300 E. Sligh Av. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D RICHARDSON, KATHY PO BOX 261871 TAMPA, FL 33685	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wheeler, Walter P.O. Box 2504 Brandon, FL 33509	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAHUE, MICHAEL 110 MISSON HILLS AVE TAMPA, FL 33617	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gomez, Larry 100 Hampton Road Lot 116 Clearwater, FL 33759	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LALTUE, AMBER 110 MISSION HILLS AVE TAMPA, FL 33617	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIVER, MELISSA 4540 N. ARMENIC AVE 402 TAMPA, FL 33603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ~~Ronaldo Feliciano~~ 2/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronaldo Feliciano 2/14/07