

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90062 002 \*\*\*\*61.25

<b>DOCUMENT # N97000000262</b>					
<b>1. Entity Name</b> MINORITY ENTERPRISE DEVELOPMENT CORPORATION OF TAMPA BAY, INC.					
<b>Principal Place of Business</b> 1101 CHANNELSIDE DRIVE, #210 TAMPA, FL 33602			<b>Mailing Address</b> 1101 CHANNELSIDE DRIVE, #210 TAMPA, FL 33602		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3421408	
<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>		
HURST, IRENE 1101 CHANNELSIDE DR. SUITE 210 TAMPA, FL 33602			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>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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>		
<b>TITLE</b> CHAIR	<b>NAME</b> MANER, MACHELLE		<b>TITLE</b> CHAIR	<b>NAME</b> MANER, MACHELLE	
<b>STREET ADDRESS</b> 100 SO ASHLEY STE 1000	<b>CITY-ST-ZIP</b> TAMPA, FL 33602		<b>STREET ADDRESS</b> SAME	<b>CITY-ST-ZIP</b> SAME	
<b>TITLE</b> TD	<b>NAME</b> HURST, IRENE		<b>TITLE</b> DIRECTOR	<b>NAME</b> GARNER, MICHAEL	
<b>STREET ADDRESS</b> 1101 CHANNELSIDE DR. STE 210	<b>CITY-ST-ZIP</b> TAMPA, FL 33602		<b>STREET ADDRESS</b> SAME	<b>CITY-ST-ZIP</b> SAME	
<b>TITLE</b> D	<b>NAME</b> WIMBERLY, FRANCES		<b>TITLE</b> SECRETARY	<b>NAME</b> DARRELL, LYNETTE	
<b>STREET ADDRESS</b> 2105 NORTH NEBRASKA AVENUE	<b>CITY-ST-ZIP</b> TAMPA, FL 33602		<b>STREET ADDRESS</b> SAME	<b>CITY-ST-ZIP</b> SAME	
<b>TITLE</b> D SECRETARY	<b>NAME</b> DARRELL, LYNETTE		<b>TITLE</b> VICE CHAIR	<b>NAME</b> JOHNSON, CYNTHIA	
<b>STREET ADDRESS</b> P.O. BOX 111	<b>CITY-ST-ZIP</b> TAMPA, FL 33601		<b>STREET ADDRESS</b> SAME	<b>CITY-ST-ZIP</b> SAME	
<b>TITLE</b> D VICE-CHAIR	<b>NAME</b> JOHNSON, CYNTHIA		<b>TITLE</b> SECRETARY	<b>NAME</b> DARRELL, LYNETTE	
<b>STREET ADDRESS</b> 13805 58TH STREET N. SUITE 1-200	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33760		<b>STREET ADDRESS</b> SAME	<b>CITY-ST-ZIP</b> SAME	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>IRENE HURST</i>			<b>TREASURER</b>		
3/17/07			813-905-5802		