2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000672

FILED Apr 10, 2007 Secretary of State

Entity Name: THE TAMPA BAY COMMUNITY & FAMILY DEVELOPMENT CORPORATION

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
000 N 34 AMPA, FI				
current Mailing Address:		New Mailing Address:	New Mailing Address:	
000 N 34 AMPA, FI				
El Number:	: 31-1777684 FEI Number Applied Fo	r() FEI Number Not Applicable() Certificate of Sta	atus Desired ()	
ame and	Address of Current Registered A	ent: Name and Address of New Registered	l Agent:	
/OODSIE 000 N 34 AMPA, FI				
	named entity submits this statement e of Florida.	for the purpose of changing its registered office or register	ed agent, or both,	
IGNATUF	RE:Electronic Signature of Registe	Data.		
FEICED	S AND DIRECTORS:	ered Agent Date ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS	
le: ame: ldress: ty-St-Zip:	D () Delete BROOKINS, MARGARET 1905 GREGORY DRIVE TAMPA, FL 33613	Title: () Change () Additi Name: Address: City-St-Zip:		
le: ame: ldress: ty-St-Zip:	D () Delete COOPER, GLADSTONE A PO BOX 16487 TAMPA, FL 33687	Title: () Change () Additi Name: Address: City-St-Zip:	on	
:le:	D () Delete WOODSIDE, MAXINE	Title: D (X) Change()Additi Name: MILLER, SHARON	on	
ame: Idress: ty-St-Zip:	6603 PEMBERTON SAGE COURT THONOTOSASSA, FL 33584	Address: 10414 EAST COLUMBUS DRIVE City-St-Zip: TAMPA, FL 33619		
ime: ldress: ty-St-Zip: le: ime: ldress:			on	
me: dress: y-St-Zip: le: me: dress:	THONOTOSASSA, FL 33584 D () Delete SMALL, ANGELA PO BOX 25912	City-St-Zip: TAMPA, FL 33619 Title: () Change() Additi Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA SMALL D 04/10/2007