

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001609

FILED
Mar 10, 2007
Secretary of State

Entity Name: MARRIAGE ENRICHMENT MINISTRIES OF TAMPA INCORPORATED

Current Principal Place of Business:

2728 LAKEVILLE DR.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2728 LAKEVILLE DR.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3565460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, HECTOR V
2728 LAKEVILLE DR.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOMEZ, HECTOR
Address: 2728 LAKEVILLE DR
City-St-Zip: TAMPA, FL 33618

Title: STD () Delete
Name: CABRERA, KIM
Address: 2722 LAKEVIEW DR
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: LOYOLA, FLAVIO
Address: 29435 SEA DAHLIA PASS
City-St-Zip: TAMPA, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HECTOR GOMEZ

PD

03/10/2007

Electronic Signature of Signing Officer or Director

Date