


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # N99000005267 1. Entity Name WEST TAMPA COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 1803 N HOWARD AVE TAMPA, FL 33607	Mailing Address 1803 N HOWARD AVE TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



05102006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, LEROY 1803 N HOWARD AVE TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, MANNY 4144 N. ARMENIA TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FISHER, MARGARET A 1744 BEACH STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMAIO, MERCY 1912 AILEEN STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KINSEY, RANDOLPH 4201 UNION STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROBINSON, JOSEPH 2339 PALMETTO STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, GERALDINE 2606 ST. CONRAD ST., APT. B TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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05/20/06-80087-004 150.00

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: _____ **5/16/2006 813.254.6297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #