


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90118 001 *****8.75
05-09-2007 90118 002 *****61.25

DOCUMENT # N05000002246	
1. Entity Name CHURCH OF GOD (SEVENTH DAY) AT TAMPA, FLORIDA, INC.	

Principal Place of Business 6501 WEST NEBRASKA AVENUE TAMPA, FL 33604 US	Mailing Address 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801 US
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DO NOT WRITE IN THIS SPACE

02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2431729	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDRANO, ELIEZER 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEDRANO, JULIAN 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEDRANO, GENARO 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ACUNA, AGRIPINO 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDRANO, JOSE 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEDRANO, SAMUEL 1131 LAKEWOOD CIRCLE EAST LAKELAND, FL 33801

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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: *Eliezer Medrano* Date: 04-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #