

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709756 (1)
1. Corporation Name
CHRIST COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business Mailing Address
6202 N. HIMES AVENUE 6202 N. HIMES AVENUE
TAMPA FL 33614 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1965	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1573785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
HINES, JAMES P.
315 HYDE PARK AVENUE.
TAMPA FL 33606

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signatures required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	LOUER, JOHN
STREET ADDRESS	3304 OMAR AVE
CITY - ST - ZIP	TAMPA FL 33629
TITLE	ECD
NAME	MCCORMACK, JIM
STREET ADDRESS	6424 ROSEWOOD DR
CITY - ST - ZIP	TAMPA FL 33615
TITLE	DT
NAME	HUTSON, LUCIAN
STREET ADDRESS	11631 CARROLLWOOD DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	PLEUS, GENE
STREET ADDRESS	8503 TWIN LAKES BLVD
CITY - ST - ZIP	TAMPA FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark Chilton
4.3 STREET ADDRESS	4019 W. Obispo St.
4.4 CITY - ST - ZIP	Tampa, FL. 33629
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucian C. Hutson 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR