

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 20 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709756 (1)**  
 1. Corporation Name  
**CHRIST COMMUNITY CHURCH OF TAMPA, INC.**



Principal Place of Business <b>6202 N. HIMES AVENUE TAMPA FL 33614</b>	Mailing Address <b>6202 N. HIMES AVENUE TAMPA FL 33614-5742</b>
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3. Date Incorporated or Qualified <b>10/12/1965</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1573785</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HINES, JAMES P.  
315 HYDE PARK AVENUE.  
TAMPA FL 33806**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUER, JOHN</b>	1.2 NAME	<b>AMAN, JEFFREY</b>
STREET ADDRESS	<b>3304 OMAR AVE</b>	1.3 STREET ADDRESS	<b>14824 LAKE MAGDALENE CIRCLE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCORMACK, JIM</b>	2.2 NAME	<b>DAINES, WILL</b>
STREET ADDRESS	<b>6424 ROSEWOOD DR</b>	2.3 STREET ADDRESS	<b>2815 ORMANDY COURT</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUTSON, LUCIAN</b>	3.2 NAME	<b>FENBY, FRANK</b>
STREET ADDRESS	<b>11831 CARROLLWOOD DR.</b>	3.3 STREET ADDRESS	<b>17001 SHADY PINES</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>LUTZ FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S CHILTON, MARK</b>	4.2 NAME	<b>D JOHNSTON, J. KIRK</b>
STREET ADDRESS	<b>4019 W. OBISPO ST.</b>	4.3 STREET ADDRESS	<b>8102 LAKESTONE DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D MCGEE, JOHN III</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>16019 SPLITLOG DRIVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D SCHOESSOW, GARY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>5005 ROLLESTON COURT</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>TAMPA FL</b>

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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 as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048221