


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005409

1. Entity Name
SAINT FRANCIS CHAPEL CHRISTIAN CHURCH, INC.



Principal Place of Business
**7012 PARLIAMENT DRIVE
 TAMPA, FL 33619**

Mailing Address
**P.O. BOX 89211
 TAMPA, FL 33689**




04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0501594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHERRENFRO, P.L. DR.
 422 CARDINAL COURT
 POINCIANA, FL 34759**

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:  DATE: **4-27-07**

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

Filing Fee is \$81.25 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	P CHERRY, WILLIE G 7012 PARLIAMENT DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERRENFRO, MARGRETTE 7012 PARLIAMENT DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRENFRO, P.L. II 422 CARDINAL COURT POINCIANA, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHERRY, EDDIE L 8612 NORTH HUNTLEY AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762375
 05/29/07-80006-010 61.25

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:  DATE: **4-26-07** DAYTIME PHONE #: **107-744-2606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR