2006 NOT-FOR-PROFIT CORPORATION

Jan 25, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N05000006124 01-25-2006 90032 048 ****70.00 FOUNTAINVIEW COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 8800 SHELDON RD 8800 SHELDON RD **TAMPA, FL 33635 TAMPA, FL 33635** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Cha-NP CR2E037 (11/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANLEY, SARA Street Address (P.O. Box Number is Not Acceptable) 8815 SHOREHAM RD **TAMPA, FL 33635** City Zip Code 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DIRECTOR ☐ Defete TITLE Addition JOHN T. BAST NAME NAME STREET ADDRESS STREET ADDRESS 91120TTER PAGE CITY-ST-ZIP CITY-ST-ZIP DIRECTOR ☐ Delete WALTER ANABI NAME NAME STREET ADDRESS STREET ADORESS MUMORIAL CITY-ST-ZP CITY-ST-ZIP ☐ Delete TELF TITLE NAME NAME 8820 NAUTILUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

FILED

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 supplieriental 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7P

SHIRLEY W. DAILY

ATTACHMENT 40006253 #10500006124

FOUNTAINVIEW COMMUNITY CHURCH, INC.

FEI NO. 55-0901238

DIRECTOR JOHN T. BAST 9113 OTTER PASS TAMPA, FL. 33626

DIRECTOR WALTER ANABLE 9118 MEMORIAL HWY. TAMPA, FL. 33615

DIRECTOR **SHIRLEY DAILY** 8820 NAUTILUS DRIVE TAMPA, FL. 33635