

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11775

1. Entity Name

**NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90300 042 \*\*\*\*70.00

Principal Place of Business	Mailing Address
206 W. 131ST AVE. TAMPA FL 33612	206 W. 131ST AVE. TAMPA FL 33612-3446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>59-6176129</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BRENNEMAN, DAVID**  
**2403 BURLWOOD DR.**  
**TAMPA FL 33549**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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.

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

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

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>ELSIE, BLAIR</b> <b>211 PINE DR. 14530 N.FLA</b> <b>TAMPA FL</b>	
SD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TRUJILLO, MERCY</b> <b>1711 FERRIS AVE</b> <b>TAMPA FL 33603</b>	
DP NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>HORST, ROY</b> <b>405 LUTIE DR</b> <b>VALRICO FL</b>	
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>HORST, DORIS</b> <b>405 LUTIE DR</b> <b>VALRICO FL</b>	
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>BRENNEMAN, MARY K</b> <b>7609 N BLVD</b> <b>TAMPA FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roy Horst* **Roy Horst** 1/10/2000

CR2E037 (9/99)