


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N11775
 1. Entity Name
 NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
 City & State: Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
 TRUJILLO, MERCY
 1711 FERRIS AVE
 TAMPA FL 33603

4. FEI Number: 59-6176129
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D NAME: ROSADO, MARIA STREET ADDRESS: 9603 KINGSBURGH CT. CITY-ST-ZIP: TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE: D/C NAME: TRUJILLO, MERCY STREET ADDRESS: 1711 FERRIS AVE CITY-ST-ZIP: TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE: D NAME: DAVIS, CAROL L STREET ADDRESS: 1415 POPE PLACE CITY-ST-ZIP: LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE: I NAME: ROBLES, ASER I STREET ADDRESS: 10702 PRESERVE LAICE DR. CITY-ST-ZIP: TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE: PCEO NAME: ROBLES, ISAIAS STREET ADDRESS: 8630 FAWN CREEK DR. CITY-ST-ZIP: TAMPA FL 33626	<input type="checkbox"/> Delete
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

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: *Aser I. Robles* ASER I. ROBLES 2/1/04 813 920-2106
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #