

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 27 1997 8:00am
Secretary of State**DOCUMENT # N15352 (0)**

1. Corporation Name

CHRIST'S FAMILY CHURCH OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 16594
TAMPA FL 33687P.O. BOX 16594
TAMPA FL 33687-6594

3. Date Incorporated or Qualified

06/12/1986

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 **9501 E. Fowler Ave.**26 **P.O. Box 16594**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa, Florida**28 **Tampa, Florida**24 Zip **33594**25 Country **Hillsborough**29 Zip **33687**30 Country **Hillsborough**

4. FEI Number

59-2457028

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYER, GREGORY F.
2803 W. BUSCH BLVD. SUITE 103
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, JOSEPH E.
STREET ADDRESS 28429 TRIDENT CT
CITY-ST-ZIP WESLEY CHAPEL FL 33543☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME HUTCHINS, MICHAEL A.
STREET ADDRESS 407 WEST NORTH BAY
CITY-ST-ZIP TAMPA FL 33603☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE STD
NAME SMITH, KATIE
STREET ADDRESS 28429 TRIDENT COURT
CITY-ST-ZIP WESLEY CHAPEL FL 33543☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Joseph E. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

813-986-4292

Daytime Phone # 0049378

CR2E037 (9/96)