

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 010 \*\*\*\*61.25

**DOCUMENT # N96000001661**

1. Entity Name

THE CHURCHES OF GOD-TAMPA BAY, INC.



Principal Place of Business

Mailing Address

6760 35TH ST. N.  
PINELLAS PARK FL 33781-6224  
US

6760 35TH ST. N.  
PINELLAS PARK FL 33781-6224  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, ELAINE  
6760-35TH ST. N.  
PINELLAS PARK FL 33781

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: TD ☒ Delete  
NAME: SIEBERN, MARLENE  
STREET ADDRESS: 9938 39TH WAY NORTH  
CITY-ST-ZIP: PINELLAS PARK FL 33782-4008

TITLE: PD ☒ Delete  
NAME: ANTONIELLO, FRANK  
STREET ADDRESS: 601 DORA DRIVE  
CITY-ST-ZIP: CLEARWATER FL 33765-2718

TITLE: VD ☐ Delete  
NAME: STANKIEWICZ, ANTHONY  
STREET ADDRESS: 15478 BROOKRIDGE BLVD  
CITY-ST-ZIP: BROOKSVILLE FL 34613

TITLE: SD ☐ Delete  
NAME: PHILLIPS, ELAINE  
STREET ADDRESS: 6760 35TH STREET NORTH  
CITY-ST-ZIP: PINELLAS PARK FL 33781-6224

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: Stankiewicz, Anthony  
STREET ADDRESS: 15478 Brookridge Blvd.  
CITY-ST-ZIP: Brooksville, FL 34613

TITLE: ☒ Change ☐ Addition  
NAME: Phillips, Elaine  
STREET ADDRESS: 6760 35th Street N.  
CITY-ST-ZIP: Pinellas Park, FL 33781-6224

TITLE: ☐ Change ☒ Addition  
NAME: Guarraci, Joseph A.  
STREET ADDRESS: 7327 Sea Grape Ave  
CITY-ST-ZIP: Port Richey, FL 34668

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elaine Phillips* (ELAINE PHILLIPS)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/07  
Date

(727) 520-9333  
Daytime Phone #