NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N11775**

1. Corporation Name

NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business 206 W. 131ST AVE.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TAMPA FL 33612

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Mailing Address 206 W. 131ST AVE.

TAMPA FL 33612

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90183 019 ****61.25

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Date Incorporated or Qualifed

10/29/1985

59-6176129

5. Certificate of Status Desired

4. FEI Number

NAME ELSIE, BLAIR STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	23		28					ree Rec	quirea
24 25 29 30 Trust Fund Contribution	Zip	Country	Zip	Countr	1	6. Election Campaign Financing	- 4 1	•	* 1
BRENNEMAN, DAVID 2403 BURLWOOD DR. TAMPA FL 33549 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, byped 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 TITLE T Change Additional Ch	24	25	29	30					Fees
BRENNEMAN, DAVID 2403 BURLWOOD DR. TAMPA FL 33549 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, 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 TITLE T DELETE 1.1 TITLE Change Additionable 1.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP		9. Name and Address of Current	Registered Agent		_	10. Name and Address of New	Registered Age	nt	
2403 BURLWOOD DR. TAMPA FL 33549 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE T DELETE 1.1 TITLE STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL				8.	Name				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE T Change Additionable STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL ONTE: Registered Agent signature required when reinstating) DATE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TAMPA FL		•		1		<u></u>	FL	<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE T NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Change Addi	office or	registered agent, or both, in the State of	Florida, Such change was	authorized by	the corporati	poration submits this statement for the ion's board of directors. I hereby acc	e purpose of char ept the appointme	nging its r nt as reg	registered istered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE T DELETE 1.1 TITLE LESIE, BLAIR STREET ADDRESS CITY-ST-ZIP TAMPA FL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LA Addition Change Addition Addi	SIGNATURE	Standard by board or printed name of registered agent a	and title if applicable. (NO	TE: Registered Age	nt signature requir	ed when reinstating)	DATE		
NAME ELSIE, BLAIR 1.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4530 N.FLA 1.4 CITY-ST-ZIP	12.						FFICERS AND D	RECTO	RS IN 12
STREET ADDRESS 211 PINE DR. 14530 N.FLA 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	TITLE	T	☐ DELETE	1.1 TITLE		•		Change	☐ Addition
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP	NAME	ELSIE, BLAIR		1.2 NAME	•				İ
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP	STREET ADDRES	s 211 PINE DR. 14530 N.FLA		1.3 STREE	TADDRESS				
	CITY-ST-ZIP			1.4 CITY-	ST-ZIP				
			DELETE	2.1 TITLE	3	D		Change	Addition
NAME BRENNEMAN, ROSEMARIE 22 NAME THEREY TRUTTLE	NAME	BRENNEMAN, ROSEMARIE	•	2.2 NAME					`
STREET ADDRESS 24KG MURI WUUJI JIM. 23STREET ADRESS VICIN GEORGE ADRESS VICIN GEORGE	STREET ADDRESS	I * *		2.3 STREE	TADORESS	ITII FERRIS AVA			l
CITY-ST-ZIP LUTZ FL 2.4 CITY-ST-ZIP 12 2.4 CITY-ST-ZIP 33 00 3	CITY-ST-ZIP	LUTZ FL		2, 4 CITY-	ST-ZIP -	Tanna- FI	33/003		
TITLE DP DELETE 3.1 TITLE Change Addition			☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME HORST, ROY 3.2 NAME	NAME	HORST, ROY		3.2 NAME					
STREET ADDRESS 405 LUTIE DR 3.3 STREET ADDRESS	STREET ADDRES	s 405 LUTIE DR		3.3 STREE	TADDRESS				
CITY-ST-ZIP VALRICO FL 3.4. CITY-ST-ZIP	CITY-ST-ZIP	VALRICO FL		3.4. CITY-	\$T-ZIP				
TITLE D DELETE 4.1 TITLE Change Addition	TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME HORST, DORIS 4.2 NAME	NAME	HORST, DORIS		4. 2 NAME					ì
STREET ADDRESS 405 LUTIE DR 4.3 STREET ADDRESS	STREET ADORES	s 405 LUTIE DR		4.3 STREE	TADDRESS				ľ
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TITLE D DELETE 5.1 TITLE Change Addition	TITLE	D	☐ DELETE	5.1 TITLE				Change	Addition
NAME BRENNEMAN, MARY K	NAME	BRENNEMAN, MARY K		5.2 NAME					
STREET ADDRESS 7609 N BLVD 5.3 STREET ADDRESS	STREET ADDRESS	s 7609 N BLVD		5.3 STRE	TADDRESS				ŀ
CITY-ST-ZIP TAMPA FL 5.4 CITY-ST-ZIP	CITY-ST-ZIP	TAMPA FL			ST-ZIP			A 1	
	TITLE		☐ DELETE	1				Change	☐ Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Library 1.5 (1.5 to 1.5 consists a unalled with this filling does not qualify for the examption stated in Section 119.07(3)(i) Florida Statutes 1 further certify that the information				6.4 CITY-	ST-ZIP				

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 nurther 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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable