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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709756

1. Corporation Name
CHRIST COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business 6202 N. HIMES AVENUE TAMPA FL 33614	Mailing Address 6202 N. HIMES AVENUE TAMPA FL 33614
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/12/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1573785
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HINES, JAMES P
 315 HYDE PARK AVENUE.
 TAMPA FL 33606

10. Name and Address of New Registered Agent

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 _____ DATE _____
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	DT AMAN, J A <input type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAN, J A	1.2 NAME	McGee, John III
STREET ADDRESS	14824 LAKE MAGALINE CIR	1.3 STREET ADDRESS	16019 Splitlog Drive
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	Tampa, FL. 33618
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAINES, WILL	2.2 NAME	Loyer, John
STREET ADDRESS	2815 ORMANDY CT.	2.3 STREET ADDRESS	3304 Omar Ave.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL. 33629.
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENBY, FRANK	3.2 NAME	Inatcher, Chet
STREET ADDRESS	17001 SHADY PINES	3.3 STREET ADDRESS	66 Sandpiper
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Tampa, FL. 33609
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KIRK, JOHNSTON J.	4.2 NAME	
STREET ADDRESS	3102 LAKESTONE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SCHOESSOW, GARY	5.2 NAME	
STREET ADDRESS	5005 ROLLESTON CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: J. Kirk Johnston 1-13-99 879-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)