

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11775

1. Entity Name

NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90185 050 ****61.25

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6176129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNEMAN, DAVID
2403 BURLWOOD DR.
TAMPA FL 33549

7. Name and Address of New Registered Agent

Name Francisco Carrillo

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

16517 Brigadoon Dr

City Tampa

FL

Zip Code 33618

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 4 / 2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME ELSIE BLAIR
STREET ADDRESS 211 PINE DR. 14530 N.FLA
CITY-ST-ZIP TAMPA FL Deceased

TITLE ☐ Delete
NAME TRUJILLO, MERCY
STREET ADDRESS 1711 FERRIS AVE
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ Delete
NAME DP
STREET ADDRESS HORST, ROY
CITY-ST-ZIP 405 LUTIE DR
VALRICO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HORST, DORIS
CITY-ST-ZIP 405 LUTIE DR
VALRICO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BRENNEMAN, MARY K
CITY-ST-ZIP 7609 N BLVD
TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS David Brenne man
CITY-ST-ZIP 2403 Burlwood Dr.
Tampa, FL 33549

TITLE ☒ Change ☐ Addition
NAME Secretary/Treasurer
STREET ADDRESS Mercy Trujillo
CITY-ST-ZIP 1711 Ferris Ave
Tampa, FL 33603

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

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

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

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 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: Mary K Brenne man
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (813) 875-7987
Date Daytime Phone #

CR2E037 (10/00)