

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

0059434

**DOCUMENT # 709756**

05-11-2001 90002 004 \*\*\*\*70.00

1. Entity Name

**CHRIST COMMUNITY CHURCH OF TAMPA, INC.**

Principal Place of Business

Mailing Address

6202 N. HIMES AVENUE  
 TAMPA FL 33614

6202 N. HIMES AVENUE  
 TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1573785**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Jeffrey A. Aman**

Street Address (P.O. Box Number is Not Acceptable)  
**14502 N. Dale Mabry Hwy-**

**Suite 300**

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]*

**Jeffrey A. Aman**

**4/26/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>DT</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>AMAN, J A</del>	
STREET ADDRESS	<del>14824 LAKE MAGALINE CIR</del>	
CITY-ST-ZIP	<del>TAMPA FL 33618</del>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCGEE, JOHN III	
STREET ADDRESS	16019 SPLITLOG DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FENBY, FRANK</del>	
STREET ADDRESS	<del>17001 SPADY PINES</del>	
CITY-ST-ZIP	<del>LUTZ FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, JOHNSTON J.	
STREET ADDRESS	3102 LAKESTONE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SCHOESSOW, GARY</del>	
STREET ADDRESS	<del>5005 BOLLESTON CT.</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>THATCHER, CHET</del>	
STREET ADDRESS	<del>56 SANDPIPER</del>	
CITY-ST-ZIP	<del>TAMPA FL 33609</del>	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUER, JOHN A	
STREET ADDRESS	3304 OMAR AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, MICHAEL E.	
STREET ADDRESS	3118 W. OAKLYN AVENUE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

**Michael E. Russell**

**4/25/01**

**813-353-4333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)