


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N11775	
1. Entity Name NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.	

Principal Place of Business 206 W. 131ST AVE. TAMPA FL 33612	Mailing Address 206 W. 131ST AVE. TAMPA FL 33612
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent TRUJILLO, MERCY 1711 FERRIS AVE TAMPA FL 33603
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	NAME
D	ROSADO, MARIA
<input type="checkbox"/> Delete	9603 KINGSBURGH CT.
	TAMPA FL 33615
TITLE	NAME
D/C	TRUJILLO, MERCY
<input type="checkbox"/> Delete	1711 FERRIS AVE
	TAMPA FL 33603
TITLE	NAME
D	DAVIS, CAROL L
<input type="checkbox"/> Delete	1415 POPE PLACE
	LUTZ FL 33549
TITLE	NAME
T	ROBLES, ASER I
<input type="checkbox"/> Delete	10702 PRESERVE LAICE DR.
	TAMPA FL 33626
TITLE	NAME
PCEO	ROBLES, ISAIAS
<input type="checkbox"/> Delete	8630 FAWN CREEK DR.
	TAMPA FL 33626
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	100000022349
	02/09/05-80072-009 61.25
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Aser I. Robles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 (93) 933-1288
Date Daytime Phone #