

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709756

FILED
Jan 21, 2009
Secretary of State

Entity Name: CHRIST COMMUNITY CHURCH OF TAMPA, INC.

Current Principal Place of Business:

6202 N. HIMES AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6202 N. HIMES AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1573785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMAN, JEFFREY A
14001 N DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D/C () Delete
Name: TYRRELL, STAN VICE CH
Address: 10206 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D/S () Delete
Name: BULLIAN, AARON T SEC.
Address: 11807 EASTHAMPTON DR
City-St-Zip: TAMPA, FL 33626

Title: D/C () Delete
Name: JOHNSTON, J KIRK CHAIR
Address: 3102 LAKESTONE DR.
City-St-Zip: TAMPA, FL 33618

Title: D/T () Delete
Name: PASLEY, DOUGLAS J TREAS.
Address: 3324 SCHEFFLERA RD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/C (X) Change () Addition
Name: BITTING, MICHAEL VICE CH
Address: 17205 KARIS CT.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON T. BULLIAN

D/S

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date