I hereby 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 all other like empowered.

SIGNATURE:	LONNIE GRAY

I

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

6020 N 40TH STREET TAMPA, FL 33610

DOCUMENT# 746791

## **Current Mailing Address:**

6020 N 40TH STREET TAMPA, FL 33610 HI

## FEI Number: 59-1604905

## Name and Address of Current Registered Agent:

GRAY, LONNIE LEE 6020 N 40TH STREET TAMPA, FL 33610 US

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:	: LONNIE L. GRAY			03/04/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TREASURER	Title	PASTOR		
Name	GREEN, NATALIE BRIDGETTE	Name	GRAY, LONNIE SR.		
Address	6020 N 40TH STREET	Address	6020 N 40TH STREET		
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610		

FILED Mar 04, 2024 **Secretary of State** 2338824506CC

Certificate of Status Desired: No

PASTOR

Date