

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749827

Entity Name: THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.**Current Principal Place of Business:**816 E. GENESEE ST
TAMPA, FL 33603**Current Mailing Address:**816 E. GENESEE ST
TAMPA, FL 33603 US**FEI Number:** 59-1950256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, ROSEMARY CDR
1711 E. GIDDENS AVE.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JOHNSON, ROSEMARY CDR
Address	1711 E. GIDDENS AVE
City-State-Zip:	TAMPA FL 33610

Title	D
Name	JOHNSON, JENNIFER L
Address	12626 MONTFORD LN
City-State-Zip:	RIVERVIEW FL 33579

Title	D
Name	KING, KATHERINE E
Address	422 VILLA LANE
City-State-Zip:	ST CLAIR SHORES MI 48080

Title	STD
Name	HARRISON, JOCELYN J
Address	2707B E 23RD AVE
City-State-Zip:	TAMPA FL 33605

Title	D
Name	BROWN, K JOSEPH DR
Address	18510 OTTERWOOD AVENUE
City-State-Zip:	TAMPA FL 33647-1833

Title	D
Name	WASHINGTON, LENNY DR
Address	15027 MEADOWLAKE STREET
City-State-Zip:	ODESSA FL 33556

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: DR. ROSEMARY C. JOHNSON**PRESIDENT****03/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date