

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749827

Entity Name: THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.**Current Principal Place of Business:**1711 E GIDDENS AVE
TAMPA, FL 33610**Current Mailing Address:**PO BOX 310295
TAMPA, FL 33680 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 STD
Name HARRISON, JOCELYN J
Address 2707B E 23RD AVE
City-State-Zip: TAMPA FL 33605

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

Title D
Name KING, KATHERINE E
Address 126 VILLA LANE
City-State-Zip: ST CLAIR SHORES MI 48080

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

Title DIRECTOR
Name ECHOLS, MASSALENA DR.
Address 2306 N HAROLD AVE
City-State-Zip: TAMPA FL 33607-2429

Title DIRECTOR
Name HOBBS, ELIZABETH DR.
Address 711 SAND RIDGE DR.
City-State-Zip: VALRICO FL 33603

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: ROSEMARY C JOHNSON**PRESIDENT****02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date