

**2021 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 C DR.  
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:** ROSEMARY C JOHNSON

02/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JOHNSON, ROSEMARY C DR.  
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

02/13/2021

Electronic Signature of Signing Officer/Director Detail

Date