

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006710

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC5047819022**

**Entity Name:** FAITH TAMPA BAY, INC.

**Current Principal Place of Business:**

10328 MAIN STREET  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

P.O. BOX 249  
THONOTOSASSA, FL 33592 US

**FEI Number:** 26-0484184

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AZZARELLI, BART  
10328 MAIN STREET  
THONOTOSASSA, FL 33592 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 D  
Name AZZARELLI, BART  
Address 10328 MAIN ST  
City-State-Zip: THONOTOSASSA FL 33592

Title PASTOR  
Name SCHAER, KURT  
Address P.O. BOX 249  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name MCCULLAGH, JIM  
Address P.O. BOX 249  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name LAWHORNE, TRAVIS  
Address P.O. BOX 249  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name RAIRIGH, RAY JR.  
Address P.O. BOX 249  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name HEDGES, BURKE  
Address P.O. BOX 249  
City-State-Zip: THONOTOSASSA FL 33592

Title PASTOR  
Name WIRTH, PAUL  
Address 10328 MAIN STREET  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name RAIRIGH, RAY SR.  
Address 10328 MAIN STREET  
City-State-Zip: THONOTOSASSA FL 33592

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*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:** BART AZZARELLI

**DIRECTOR**

**02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name HOLMES, MIRA  
Address 10328 MAIN STREET  
City-State-Zip: THONOTOSASSA FL 33592

Title D  
Name CURRIE, BERNIE  
Address 10328 MAIN STREET  
City-State-Zip: THONOTOSASSA FL 33592

Title EXECUTIVE SECRETARY  
Name SCHAER, DENETTE  
Address 10328 MAIN STREET  
City-State-Zip: THONOTOSASSA FL 33592