

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11775

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC6497760643**

**Entity Name:** NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

206 W. 131ST AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

4913 HEADLAND HILLS DR.  
TAMPA, FL 33624

**FEI Number:** 59-6176129

**Certificate of Status Desired:** Yes

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

WALCOTT, CARL  
4913 HEADLAND HILLS DR.  
TAMPA, FL 33624 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 M  
Name WILLIAMS, ROY WREV  
Address 22642 NEWFIELD CT  
City-State-Zip: LAND O LAKES FL 34639

Title D  
Name WALCOTT, CARL PASTOR  
Address 4913 HEADLAND HILLS DR.  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name RUSSEL, OSA  
Address 1315 FOXBORO  
City-State-Zip: BRANDON FL 33511

Title TD  
Name HOSPEDALES, MARCIA  
Address 8053 FAWN RIDGE CIR.  
City-State-Zip: TAMPA FL 33610

Title D  
Name FRANCIS, MOLVERE  
Address 2429 S. ROMONA CIR.  
City-State-Zip: TAMPA FL 33612

Title D  
Name WALCOTT, ANNETTE  
Address 4913 HEADLAND HILLS DR.  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name CRAWFORD, WALTER L  
Address 9410 SAYRE ST.  
City-State-Zip: RIVERVIEW FL 33569

*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:** ROY W WILLIAMS

**MANAGING DIRECTOR**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date