

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11775

**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:** No

**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 SAMUEL, SHERILEE J  
Address 22642 NEWFIELD CT  
City-State-Zip: LAND O LAKES FL 34639

Title DIRECTOR  
Name RUSSEL, OSA  
Address 2113 RIVER TURIA CIRCLE  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name CLOPTON-ROBINSON, JESSICA  
Address 9912 BALAYE RUN DR.  
APARTMENT 201  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name RAMIREZ, TOMAS REV.  
Address 2318 CILANTRO DR.  
City-State-Zip: ORLANDO FL 32837

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

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

Title D  
Name LEAIR-WILLIAMS, RUTH  
Address 22642 NEWFIELD CT.  
City-State-Zip: LAND - LAKES FL 34639

Title DIRECTOR  
Name BROOKS, JOSEPH A SR.  
Address 11565 WELLMAM DR.  
City-State-Zip: RIVERVIEW FL 33578

*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:** SHERILEE J. SAMUEL

**MANAGING DIRECTOR**

**03/23/2023**

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

\_\_\_\_\_  
Date