

2020 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: 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 W. REV
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 CLOPTON-ROBINSON, JESSICA
Address 2004 HIGHVIEW FALL PLACE
City-State-Zip: BRANDON FL 33510

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

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

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

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

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date