#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11775

Entity Name: NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

FILED Feb 28, 2019 Secretary of State 8705421635CC

### **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	Title	D
TILLO	IVI	TILLO	

NameWILLIAMS, ROY W. REVNameWALCOTT, CARL PASTORAddress22642 NEWFIELD CTAddress4913 HEADLAND HILLS DR.

City-State-Zip: LAND O LAKES FL 34639 City-State-Zip: TAMPA FL 33624

Title DIRECTOR Title TD

NameRUSSEL, OSANameHOSPEDALES, MARCIAAddress1315 FOXBOROAddress8053 FAWNRIDGE CIR.City-State-Zip:BRANDON FL 33511City-State-Zip:TAMPA FL 33610

Title D Title D

NameCLOPTON-ROBINSON, JESSICANameLEAIR-WILLIAMS, RUTHAddress2004 HIGHVIEW FALL PLACEAddress22642 NEWFIELD CT.City-State-Zip:BRANDON FL 33510City-State-Zip:LAND - LAKES FL 34639

Title DIRECTOR Title DIRECTOR

NameCRAWFORD, WALTER L REV.NameRAMIREZ, TOMAS REV.Address9410 SAYRE ST.Address2318 CILANTRO DR.City-State-Zip:RIVERVIEW FL 33569City-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 02/28/2019