

**2016 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	WILLIAMS, ROY WREV
Address	22642 NEWFIELD CT
City-State-Zip:	LAND O LAKES FL 34639

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

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

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

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

*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****03/09/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date