2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11775

Entity Name: NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

FILED
Jan 16, 2021
Secretary of State
9494755489CC

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

Name WILLIAMS, ROY W. REV Name WALCOTT, CARL PASTOR
Address 22642 NEWFIELD CT Address 4913 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

Name CLOPTON-ROBINSON, JESSICA Name LEAIR-WILLIAMS, RUTH
Address 9912 BALAYE RUN DR. Address 22642 NEWFIELD CT.

APARTMENT 201 City State 7in: LAND LAKES EL 24620

City-State-Zip: LAND - LAKES FL 34639
City-State-Zip: TAMPA FL 33619

Title DIRECTOR

Title DIRECTOR Name RAMIREZ, TOMAS REV.

NameCRAWFORD, WALTER L REV.Address2318 CILANTRO DR.Address9410 SAYRE ST.City-State-Zip:ORLANDO FL 32837

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 01/16/2021

Electronic Signature of Signing Officer/Director Detail

Date