FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706684** **(8)**

1. Corporation Name

TRUSTEES OF FIRST ADVENT CHRISTIAN CHURCH OF TAM PA, INC.

Principal Place of Business	Mailing Address
ADVENT CHRISTIAN CHURCH 919 WEST KIRBY TAMPA FL 33604	ADVENT CHRISTIAN CHURCH 919 WEST KIRBY TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1964
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0998542 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BRANAN, FRANCES
311 W. HILDA STREET
TAMPA FL 33603

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BRANAN, FRANCES R.	12 NAME	
STREET ADDRESS	311 W. HILDA ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V.P ☑ Change ☐ Addition
NAME	JONES, CHARLENE	22 NAME	Tuvell, Paul
STREET ADDRESS	621 LUTZ-LAKE FERN RD.	23 STREET ADDRESS	418 W North Bay St.
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	Tampa, FL
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	VETZEL, ROBERT	32 NAME	CINDY HETT
STREET ADDRESS	2523 W. FERN STREET	33 STREET ADDRESS	528 2nd AVE SW
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HETT, STEVEN	42 NAME	
STREET ADDRESS	528 2ND AVE SW	43 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	TUVELL, PAUL L	52 NAME	
STREET ADDRESS	418 W NORTH BAY ST	53 STREET ADDRESS	delete
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	[redacted] ☑ Change ☐ Addition
NAME	BINGHAM, CHERI	62 NAME	
STREET ADDRESS	7004 BAYWOOD DR.	63 STREET ADDRESS	D 1/0 S
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	4/6/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: _____ CYNTHIA L. HETT 3/31/95 813/949-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063474