FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

706684

(8)

TRUSTEES OF FIRST ADVENT CHRISTIAN CHURCH OF TAM PA, INC.									
Principal Place of Business Mailing Address						I LODDILI TORRI ORDIN RIDIO OLIDI 1811K QIRI GIRKI DI	(I)	DEBUT BINAF IMAE	
ADVENT CHRISTIAN CHURCH 919 WEST KIRBY 919 WEST KIRBY TAMPA FL 33604 ADVENT CHRISTIAN CHUR 919 WEST KIRBY TAMPA FL 33604			он			3. Date Incorporated or Qualified 01/13/1964 4. FEI Number Applied For 59-0998542 Not Applicable			
2. Principal Place of Business 2s. Mailing Address			<u></u>					Additional	
21 26						5. Certificate of Status Desired		Regulred	
<u></u>		Suite, Apt. #, etc.	uite, Apt. #, etc.			6. Election Campaign Financing	\$5.00		
City & State		City & State		Trust Fund Contribution	Added 1				
23		28		7. Is this nonprofit corporation a homeowners association? Yes You					
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cu		ntangible	
24	25	29	30			Personal Property Tax due June 30.	Yes [No N/A	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
				B1	Name				
BRANAN, FRANCES			Ì	62	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	HILDA STREET			83					
TAMPA	FL 33603				_				
	•	•		84	City	FL	85 Zip	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statut e of Florida. Such change was gations of, Section 617.0503, Fl	tes, the at authorized orida Stat	ove- d by t utes.	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	f changing l cointment as	lts registered s registered	
	Signature, typed or printed name of registered ag			Agent	i signature require	d when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P DELETE		1.1 TITLE				Change	☐ Addition	
NAME CTREET ADDRESS	Branan, Frances R. 311 W. Hilda St.		1.2 NA	_	oppres				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL			1.3 STREET ADDRESS 1.4 City-St-Zip					
TITLE	VD	☐ DELETE	2.1 TIT		· ZIF		Change	Addition	
NAME	TUVELL, PAUL	-	2.2 NAM				•	_	
STREET ADDRESS	418 W NORTH BAY ST			2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL	· ·		2.4 CITY-ST-ZIP					
TITLE	8	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	HETT, CINDY		3.2 NAME						
STREET ADDRESS	528 2ND AVE SW		3.3 STREE		DDRESS				
CITY-ST-ZIP	LUTZ FL	- Dructe	3.4. CI		- ZIP		Clobaras	Addition	
TITLE	AMETER OYCUTAL	☐ DELETE	4.1 T(T				L Change	Addition	
NAME	HETT, STEVEN		4. 2 N/						
STREET ADDRESS	528 2ND AVE SW		4.3 STREE						
CITY-ST-ZIP TITLE	LUTZ FL D			4.4 CITY-ST-ZIP 5.1 TITLE			Change	☐ Addition	
NAME	TUVELL, FERN		5.1 TITLE 5.2 NAME				onengo	, wonton	
STREET ADDRESS	418 W. NORTH BAY ST		5.2 NAME 5.3 STREET A		ndress				
CITY-ST-ZIP	**************************************			5.4 CITY-ST-ZIP					
TITLE	4. 24 H 1 4 F	DELETE	6.1 TIT		<u>Lu</u>		Change	☐ Addition	
NAME		 :-	6.2 NA				•		
STREET ADDRESS					DDRESS				

14. I hereby certify that the information supplied with this filing 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 cath; 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 on an attachment with an address.

SIGNATURE:

949-1732

FILED

Feb 26 1998 8:00am

Secretary of State