

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90074 037 ****61.25

0049606

DOCUMENT # 706684

1. Corporation Name

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

Principal Place of Business

**ADVENT CHRISTIAN CHURCH
919 WEST KIRBY
TAMPA FL 33604**

Mailing Address

**ADVENT CHRISTIAN CHURCH
919 WEST KIRBY
TAMPA FL 33604**

155350-90074-37



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

01/13/1964

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BRANAN, FRANCES R.**
STREET ADDRESS **311 W. HILDA ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **TUVELL, PAUL**
STREET ADDRESS **418 W. NORTH BAY ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☐ DELETE
NAME **HETT, CINDY**
STREET ADDRESS **528 2ND AVE SW**
CITY-ST-ZIP **LUTZ FL**

TITLE **T** ☐ DELETE
NAME **HETT, STEVEN**
STREET ADDRESS **528 2ND AVE SW**
CITY-ST-ZIP **LUTZ FL**

TITLE **D** ☒ DELETE
NAME **TUVELL, FERN**
STREET ADDRESS **418 W. NORTH BAY ST**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Linda Tuvell**
5.3 STREET ADDRESS **11331 Broadview Drive**
5.4 CITY-ST-ZIP **Seffner, FL 33584**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/99 **949-1732**

CR2E037 (11/98)