

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90004 035 ****70.00

0050643

DOCUMENT # 709756

1. Corporation Name

CHRIST COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business
6202 N. HIMES AVENUE
TAMPA FL 33614

Mailing Address
6202 N. HIMES AVENUE
TAMPA FL 33614



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/12/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1573785

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINES, JAMES P
315 HYDE PARK AVENUE.
TAMPA FL 33606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME AMAN, J A
STREET ADDRESS 14824 LAKE MAGALINE CIR
CITY-ST-ZIP TAMPA FL 33613

1.1 TITLE DT
1.2 NAME McGee, John III
1.3 STREET ADDRESS 16019 Splitlog Drive
1.4 CITY-ST-ZIP Tampa, FL. 33618

TITLE D
NAME DAINES, WILL
STREET ADDRESS 2815 ORMANDY CT.
CITY-ST-ZIP TAMPA FL

2.1 TITLE D
2.2 NAME Lauer, John
2.3 STREET ADDRESS 3304 Omar Ave.
2.4 CITY-ST-ZIP Tampa, FL. 33629.

TITLE D
NAME FENBY, FRANK
STREET ADDRESS 17001 SHADY PINES
CITY-ST-ZIP LUTZ FL

3.1 TITLE D
3.2 NAME Thatcher, Chet
3.3 STREET ADDRESS 66 Sandpiper
3.4 CITY-ST-ZIP Tampa, FL. 33609

TITLE D
NAME KIRK, JOHNSTON J.
STREET ADDRESS 3102 LAKESTONE DR.
CITY-ST-ZIP TAMPA FL

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

TITLE D
NAME SCHOESSOW, GARY
STREET ADDRESS 5005 ROLLESTON CT.
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Johnston JOHNSTON, JOHNSTON

1-13-99

879-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)