

DOCUMENT # 709756

1. Entity Name

CHRIST COMMUNITY CHURCH OF TAMPA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-02-2000 90048 032 ****70.00

Principal Place of Business

6202 N. HIMES AVENUE
TAMPA FL 33614

Mailing Address

6202 N. HIMES AVENUE
TAMPA FL 33614-5742

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1573785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

~~JEFF AMAN~~ JEFFREY A. AMAN

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

14502 N. Dale Mabry Hwy.

Suite 300

City

Tampa

FL

Zip Code

33618

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$51.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	AMAN, J A	
STREET ADDRESS	14824 LAKE MAGALINE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCGEE, JOHN III	
STREET ADDRESS	16019 SPLITLOG DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENBY, FRANK	
STREET ADDRESS	17001 SHADY PINES	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, JOHNSTON J.	
STREET ADDRESS	3102 LAKESTONE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOESSOW, GARY	
STREET ADDRESS	5005 ROLLESTON CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THATCHER, CHET	
STREET ADDRESS	56 SANDPIPER	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUER, JOHN A	
STREET ADDRESS	3304 OMAR AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, JOHN III	
STREET ADDRESS	8229 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Frank Fenby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

(813) 879-2077

Daytime Phone #

CR2E037 (9/99)