

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1573785

Applied For

Not Applicable

5. Certificate of Status Desired

Checked box

\$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: 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] JEFF AMAN Jeffrey A. Aman April 23, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$51.25

9. Election Campaign Financing
Trust Fund Contribution. []

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

Table with 7 rows of officer information including titles, names, and addresses.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 6 rows of addition/change information including titles, names, and addresses.

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 all other like empowered.

SIGNATURE: [Signature] Frank Fenby 4/23/00 (813) 879-2077
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)