2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709756

Title:

Name:

Address: City-St-Zip:

Entity Name: CHRIST COMMUNITY CHURCH OF TAMPA, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Pi	rincipal Place o	of Business:	New Princ	New Principal Place of Business:			
6202 N. HII TAMPA, FL	MES AVENUE 33614						
Current M	ailing Address	:	New Maili	New Mailing Address:			
6202 N. HII TAMPA, FL	MES AVENUE 33614						
FEI Number:	El Number: 59-1573785 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired (X)		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
STE 300	FFREY A ALE MABRY HV _ 33618 US	VY					
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered o	ffice or registered	agent, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () E LOUER, JOHN A 3304 OMAR AVE TAMPA, FL 3362		Title: Name: Address: City-St-Zip:	D/T (X) SCHOESSOW, 5005 ROLLEST TAMPA, FL 336	ON CT.		
Title: Name: Address: City-St-Zip:	DT ()E MCGEE, JOHN I 16019 SPLITLOG TAMPA, FL 3361	DRIVE	Title: Name: Address: City-St-Zip:	DOWNING, JÌM	SWOOD DRIVE		
Title: Name: Address: City-St-Zip:	D () E RUSSELL, MICHA 3118 W OAKLYN TAMPA, FL 3360	AVE	Title: Name: Address: City-St-Zip:	D/T (X) RUSSELL, MICI 3118 W OAKLY TAMPA, FL 336	N AVE		
Title: Name: Address: City-St-Zip:	D () E KIRK, JOHNSTON 3102 LAKESTON TAMPA, FL		Title: Name: Address: City-St-Zip:	D/C (X) JOHNSTON, J k 3102 LAKESTO TAMPA, FL			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. RUSSELL D/T 04/26/2002

() Delete

() Change (X) Addition

TOPE, GREG

TAMPA, FL 33617

420 ST. AUGUSTINE AVENUE