

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2007  
Secretary of State**

DOCUMENT# 709756

Entity Name: CHRIST COMMUNITY CHURCH OF TAMPA, INC.

**Current Principal Place of Business:**

6202 N. HIMES AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

6202 N. HIMES AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-1573785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMAN, JEFFREY A  
14001 N DALE MABRY HWY  
TAMPA, FL 33618      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/C      ( ) Delete  
Name: MCPHERSON, ALLEN VICE CH  
Address: 12509 LEATHERLEAF DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: D/S      ( ) Delete  
Name: BULLIAN, AARON T SEC.  
Address: 11807 EASTHAMPTON DR  
City-St-Zip: TAMPA, FL 33626

Title: D/C      ( ) Delete  
Name: JOHNSTON, J KIRK CHAIR  
Address: 3102 LAKESTONE DR.  
City-St-Zip: TAMPA, FL 33618

Title: D/T      ( ) Delete  
Name: PASLEY, DOUGLAS J TREAS.  
Address: 3324 SCHEFFLERA RD  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/C      (X) Change ( ) Addition  
Name: TYRRELL, STAN VICE CH  
Address: 10206 N. ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: AARON T BULLIAN

SEC

02/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date