

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90084 013 \*\*\*\*\*70.00

004450

**DOCUMENT # 709756**

1. Entity 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**

**11048238**



☐ CHECK HERE IF MAKING CHANGES

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

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AMAN, JEFFREY A  
14502 N DALE MABRY HWY  
STE 300  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D/T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOESSOW, GARY</b>	
STREET ADDRESS	<b>5005 ROLLESTON CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNING, JIM</b>	
STREET ADDRESS	<b>3414 REYNOLDSWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D/T</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, MICHAEL E</b>	
STREET ADDRESS	<b>3118 W OAKLYN AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>D/C</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, J KIRK</b>	
STREET ADDRESS	<b>3102 LAKESTONE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TOPE, GREG</b>	
STREET ADDRESS	<b>420 ST. AUGUSTINE AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>D/C</b>	<input checked="" 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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THATCHER, CHET</b>	
STREET ADDRESS	<b>56 SANDPIPER</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	

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: GARY A. Schoessow **GARY A. Schoessow** Treasurer (727) 227-2761

CR2E037 (10/02)