

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 716588

1. Entity Name

EAST CHELSEA BAPTIST CHURCH OF TAMPA,
FLORIDA, INC.



FILED
Feb 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

7225 EAST CHELSEA AVE.
TAMPA FL 33610

7225 EAST CHELSEA AVE.
TAMPA FL 33610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-7165883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANZ, DUANE
116 EUCLID LOOP
SEFFNER FL 33584

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
NANZ, DUANE
116 EUCLID LOOP
SEFFNER FL 33584

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
NEAL, EDDIE
828 WHEELER RD W
SEFFNER FL 33584

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
SUGGS, E. KENNETH
3938 MCINTOSH RD.
DOVER FL 33517

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000646210
03/06/07-80020-021 61.25

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

8135461320