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03-02-1999 90070 034 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735256

1. Corporation Name

**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
TAMPA, FLORIDA, INC.**

Principal Place of Business

350 HYDE PARK
TAMPA FL 33606

Mailing Address

350 HYDE PARK
TAMPA FL 33606



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/15/1976

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0737875

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASCOVICH, CRAIG
350 HYDE PARK AVE
TAMPA FL 33606

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Craig Wascovich

(NOTE: Registered Agent signature required when reinstating)

1-20-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS WOOD, SYLVIA
CITY-ST-ZIP 3306 E YUKON
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME DP
1.3 STREET ADDRESS Larmon, Robert E.
1.4 CITY-ST-ZIP 1600 S. MacDill Ave.
Tampa, FL 33629

TITLE ☐ DELETE
NAME DV
STREET ADDRESS HILL, EDNA
CITY-ST-ZIP 4420 WATROUS AVE
TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME DV
2.3 STREET ADDRESS Hamilton, Ted
2.4 CITY-ST-ZIP 18410 Turning Point Dr.
Lutz, FL 33549

TITLE ☐ DELETE
NAME T
STREET ADDRESS THOMPSON, JANE
CITY-ST-ZIP 208 LAKE PARSONS GREEN, #415
BRANDON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS COCKCROFT, SUSIE
CITY-ST-ZIP 5212 E 122ND AVE
TAMPA FL 33617

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME S
4.3 STREET ADDRESS Mikell, Virginia
4.4 CITY-ST-ZIP 3505 N. San Miguel
Tampa, FL 33629

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Jane Thompson*

1/20/99

813 685-7026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)