2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 22, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 735256** 1. Entity Name 04-22-2008 90024 042 ****61.25 FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF TAMPA, FLORIDA, INC. Principal Place of Business Mailing Address 350 HYDE PARK 350 HYDE PARK TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-0737875 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMILTON, THEODORE J Street Address (P.O. Box Number is Not Acceptable) 1010 N. FLORIDA AVE **TAMPA FL 33602** City 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 Fiorida. 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 and arod when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Dalate TITLE TITLE COBERT LAMBERT Change Change ☐ Addition COCKCROFT, ROBERT NAME NAME 12404 DANBY CT 5212 122 AVE. E. STREET ADDRESS STREET ADDRESS TAMPA FL 33617-1634 TAMBA F1 33626244V CITY - ST - ZIP CITY-ST-ZIP Delete Addition MILES, BEVERLY JANETTE WOODWORTH NAME 5352 -3 SADDLEBROOM WAY 3212 W. FAIR OAKS AVE. STREET ADDRESS STREET ADDRESS TAMPA FL 33611-2708 WESLEY CHAPEL FL 33543-4341 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete Tilif Change ☐ Addition NAME NAME SISSET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Delete Addition TITLE TIT: F NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete Change TITLE TITLE Addition NAME NAME

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, Florido 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

VIRGINIA MIKELL SECO