

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736936 (6)

1. Corporation Name

FOREST HILLS CHRISTIAN CHURCH OF TAMPA, INC.



Principal Place of Business

Mailing Address

10902 NORTH ARMENIA AVENUE
TAMPA FL 33612-2099

10902 NORTH ARMENIA AVENUE
TAMPA FL 33612-2099

3. Date Incorporated or Qualified
09/30/1976

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1302210

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAHUE, CHESTER
4715 GROVE POINT
TAMPA FL 33624

81 Name

JOHN YOUNG

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

3005 WHISPERING LN

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33543

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

(Signature, typed or printed name of registered agent with title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN YOUNG FINANCIAL CHAIRMAN 5-10-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
PETERMAN, JEFF
13205 MORAN DR
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
CLEMMONS, CHARLES
1532 COPPERSMITH CT.
LUTZ FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
LAHUE, CHESTER
4715 GROVE POINT
TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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5/30/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 813/932-3841
Date Daytime Phone #

CR2E037 (12/95)