2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 09, 2007 8:00 am Secretary of State **DOCUMENT #736936** 05-09-2007 90094 011 ****61.25 FORÉST HILLS CHRISTIAN CHURCH OF TAMPA, INC. Principal Place of Business Mailing Address 10902 NORTH ARMENIA AVENUE 10902 NORTH ARMENIA AVENUE TAMPA, FL 33612-2099 TAMPA, FL 33612-2099 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-2336360 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE RICHARD 4106 INTERLAKE DR. Quick, JOE 11311 CYPRESS RES. DR Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33624 TAMPA, FL 33626 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 _X_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Dα TITLE 🏇 ☐ Delete TITLE ☐ Addition DC NAME . QUICK, JOE NAME STREET ADDRESS 11311 CYPRESS RESERVE DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-ZIP TMF **P** ☐ Delete TITI F Addition D ROSE, RICHARD NAME STREET ADDRESS 4106 INTERLAKE DRIVE STREET ADDRESS CUTY-ST-ZIP **TAMPA, FL 33624** CITY-ST-ZIP D TITLE Delete TITLE ☐ Change Addition PETERMAN, JEFF STREET ADDRESS 26552 WHIRLAWAY TERR. STREET ADDRESS CITY-ST-ZIP WELSEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JACKSON, LARRY NAME STREET ADDRESS 7909 FREMONT AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental groot 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 empeyered 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 any address, with all paner like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #