2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90016 027 ****61.25

DOCUMENT # 737040

1. Entity Name

GREAT HOPE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
9414 N. ROME CIRCLE TAMPA FL 33612 US	P.O. BOX 17718 TAMPA FL 33682

1st MOORE CR2E037 (10/07)

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 59-1709608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROA, LORI 3003 W MARQUETTE AVE TAMPA FL 33614	Name: LINDA J. PUGSLEY Street Address (P.O. Box Number is Not Acceptable): 12003 HOPE LANE City: TAMPA FL Zip Code: 33618

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: Linda J Pugsley SECRETARY DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if address is changing)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUGSLEY, LINDA J 12003 HOPE LANE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 33618
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARSONS, MARK 9421 N. EDISON AVE. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROA, LORI 3003 W MARQUETTE AVE TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(TREASURER) T/D ☐ Change ☐ Addition SHIRLEY PARSONS 9421 N. EDISON AVE TAMPA FL 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Linda J Pugsley LINDA J. PUGSLEY 2-26-08 813-935-1593