


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 739652 1. Entity Name BAY OF THE HOLY SPIRIT CHRISTIAN CENTER, INC.	
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Principal Place of Business % H. KENT 16310 AVILA BLVD TAMPA, FL 33613	Mailing Address % H. KENT 16310 AVILA BLVD TAMPA, FL 33613
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1797268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KENT, HAROLD 16310 AVILA BLVD TAMPA, FL 33613
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, GARY 11621 CARROLLWOOD DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENT, HAROLD 16310 AVILA BLVD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, MARY 11621 CARROLLWOOD DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CHUCK 4704 MILL POND LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80014-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: Harold L. Kent D HAROLD L. KENT 1-6-06 813-948-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #