

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 17, 2007**  
**Secretary of State**

DOCUMENT# 739652

**Entity Name:** BAY OF THE HOLY SPIRIT CHRISTIAN CENTER, INC.**Current Principal Place of Business:**% H. KENT  
16310 AVILA BLVD  
TAMPA, FL 33613**New Principal Place of Business:****Current Mailing Address:**% H. KENT  
16310 AVILA BLVD  
TAMPA, FL 33613**New Mailing Address:****FEI Number:** 59-1797268**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KENT, HAROLD  
16310 AVILA BLVD  
TAMPA, FL 33613 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** NELSON, GARY  
**Address:** 11621 CARROLLWOOD DRIVE  
**City-St-Zip:** TAMPA, FL 33618**Title:** VD ( ) Delete  
**Name:** KENT, HAROLD  
**Address:** 16310 AVILA BLVD  
**City-St-Zip:** TAMPA, FL 33613**Title:** STD ( ) Delete  
**Name:** NELSON, MARY  
**Address:** 11621 CARROLLWOOD DR  
**City-St-Zip:** TAMPA, FL 33618**Title:** D (X) Delete  
**Name:** TAYLOR, CHUCK  
**Address:** 4704 MILL POND LANE  
**City-St-Zip:** TAMPA, FL 33624**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD KENT

VD

04/17/2007

Electronic Signature of Signing Officer or Director

Date