

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 739652

1. Entity Name
BAY OF THE HOLY SPIRIT CHRISTIAN CENTER, INC.



Principal Place of Business

% H. KENT
16310 AVILA BLVD
TAMPA, FL 33613

Mailing Address

% H. KENT
16310 AVILA BLVD
TAMPA, FL 33613



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1797268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000778141

01/10/08 80038-011-61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NELSON, GARY
STREET ADDRESS 11621 CARROLLWOOD DRIVE
CITY-ST-ZIP TAMPA, FL 33618

TITLE VD
NAME KENT, HAROLD
STREET ADDRESS 16310 AVILA BLVD
CITY-ST-ZIP TAMPA, FL 33613

TITLE STD
NAME NELSON, MARY
STREET ADDRESS 11621 CARROLLWOOD DR
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2008

Date

(813)933-8111

Daytime Phone #