

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739652

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**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  
Name: NELSON, GARY  
Address: 11621 CARROLLWOOD DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: VD  
Name: KENT, HAROLD  
Address: 16310 AVILA BLVD  
City-St-Zip: TAMPA, FL 33613

Title: STD  
Name: NELSON, MARY  
Address: 11621 CARROLLWOOD DR  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: GARY NELSON

PD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date