


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 017 ****61.25

DOCUMENT # 748524	
1. Entity Name TAMPA BAY COMMUNITY CHURCH, INC.	

Principal Place of Business 3318 MORAN RD. TAMPA, FL 33618	Mailing Address 3318 MORAN RD. TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1936846	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 KELLER, JAY 311 GLEN OAKS TAMPA, FL 33617	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	VP KELLER, J 311 GLEN OAKS TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLASSEN, K W 16222 PINEROCK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELETE DUMONT, MALCOLM 13547 LAKE MAGDALENE DR. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TIGUE, JOE JIM 4832 SCHOOL RD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GAYLA DUMONT 13547 LAKE MAGDALENE DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Kenneth W. KLASSEN** 4/16/04 813-963-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #