

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**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**



03102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1936846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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**

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, 2005**

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 TIGUE, JIM 4832 SCHOOL RD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUMONT, GAYLA 13547 LAKE MAGDALENE DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000292253  
04/07/05-80064-005 61.25

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kenneth Klassen 4/4/05*

Date

Daytime Phone # \_\_\_\_\_