2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755678

FILED Apr 28, 2009 Secretary of State

Entity Name: HOPE BIBLE CHURCH OF TAMPA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5706 N. HI TAMPA, F	ESPERIDES S L 33614	ST.			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
5706 N. HI TAMPA, F	ESPERIDES S L 33614	ST.			
FEI Number	: 59-1022407	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
#1205 TAMPA, F	ÄNGE GROV L 33618 US		ournose of changing its register	ed office or registered agent, or both,	
	e of Florida.	Submits this statement for the p	our pose or origing its register	ed office of registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Age	⊃nt	Date	
		gg	SHE	Date	
OFFICER	S AND DIREC				
OFFICER: Title: Name: Address: City-St-Zip:	S AND DIREC	CTORS:) Delete RRY I STREET		GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address:	D (COOPER, HAI 4506 W FERN TAMPA, FL 3: D (BOWYER, AR	Delete RRY I STREET 3614 Delete T OST APT C412	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	D (COOPER, HAI 4506 W FERN TAMPA, FL 3: D (BOWYER, AR 12401 N 22NE TAMPA, FL 3:	Delete RRY I STREET 3614) Delete T D ST APT C412 3612) Delete VE GVIEW ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D (COOPER, HAI 4506 W FERN TAMPA, FL 3: D (BOWYER, AR 12401 N 22NE TAMPA, FL 3: D (PHELPS, STE 15142 SPRING TAMPA, FL 3:	DDelete RRY I STREET 3614) Delete T D ST APT C412 3612) Delete VE GVIEW ST. 3624) Delete JCE DD RD.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GARY GALLIGAN CD 04/28/2009