
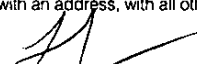


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90181 011 \*\*\*\*61.25

<b>DOCUMENT # N01000002214</b> 1. Entity Name <b>CHURCH OF CHRIST, INC. OF TAMPA</b>					
Principal Place of Business <b>1412 E FLETCHER AVE TAMPA, FL 33612-3668</b>			Mailing Address <b>1409 ELGIN ST LAKELAND, FL 33801</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3340395</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEVENS, DEBRA L 1409 ELGIN ST. LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name <b>Debra L. Stevens</b> Street Address (P.O. Box Number is Not Acceptable) <b>2546 Mobilair Dr.</b> City <b>Lutz</b> <span style="float: right;"><b>FL</b> Zip Code <b>33559</b></span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, VICTOR 2914 COUNTRY RIDGE LANE LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moore, Victor PO 8308 Emily Wood Circle Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, DEBBY 1409 ELGIN ST LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stevens, Debby SO 2546 Mobilair Dr. Lutz, FL 33559	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUPE, VELMA 14240 N. 42ND ST #1302 TAMPA, FL 33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Troupe, velma P.O. Box 1406 Lakeland, FL 33802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			(Debra L. Stevens)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/24/05</b> (863) 581-9324		

40023430



02192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3340395

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STEVENS, DEBRA L  
1409 ELGIN ST.  
LAKELAND, FL 33801

## 7. Name and Address of New Registered Agent

Name **Debra L. Stevens**  
Street Address (P.O. Box Number is Not Acceptable)

**2546 Mobilair Dr.**

City **Lutz** **FL** Zip Code **33559**

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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MOORE, VICTOR  
2914 COUNTRY RIDGE LANE  
LAKELAND, FL 33801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
STEVENS, DEBBY  
1409 ELGIN ST  
LAKELAND, FL 33801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TROUPE, VELMA  
14240 N. 42ND ST #1302  
TAMPA, FL 33613

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Moore, Victor PO  
8308 Emily Wood Circle  
Tampa, FL 33647

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Stevens, Debby SO  
2546 Mobilair Dr.  
Lutz, FL 33559

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Troupe, velma  
P.O. Box 1406  
Lakeland, FL 33802

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #