

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003922

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BRYCG CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

2501 W. RIO VISTA AVE.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

2501 W. RIO VISTA AVE.  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 02-0606556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, ROYCHESTER SR.  
15704 PONY PL  
TAMPA, FL 33624 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:** P  
**Name:** JACOBS, ROYCHESTER SR  
**Address:** 15704 PONY PL  
**City-St-Zip:** TAMPA, FL 33624 US

**Title:** VS  
**Name:** JACOBS, VANDA  
**Address:** 15704 PONY PL  
**City-St-Zip:** TAMPA, FL 33624 US

**Title:** TTR  
**Name:** WALTER, JENNINGS  
**Address:** 8517 N HAMNER AVENUE  
**City-St-Zip:** TAMPA, FL 33604 US

**Title:** TR  
**Name:** STINSON, EMMANUEL B  
**Address:** 4403 W FAIR OAKS AVENUE  
**City-St-Zip:** TAMPA, FL 33611 US

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:** ROYCHESTER JACOBS, SR.

P

04/30/2012

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

\_\_\_\_\_  
Date