2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002779

FILED Jan 05, 2005 Secretary of State

Entity Name: CHURCH OF THE RESURRECTION TAMPA, INC. **Current Principal Place of Business: New Principal Place of Business:** 6505 N NEBRASKA AVE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 6505 N NEBRASKA AVE TAMPA, FL 33604 FEI Number: 36-4493761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLSON, CHARLES 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DONLON, KEVIN F Name: Name: Address: 6505 N NEBASKA AVE Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LAKE, KATHRINE C Name: CASTLEBERRY, CAROL Address: 4202 NORTH B ST UNIT E Address: 4616 W LAMB AVE City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: () Change () Addition MCCONNELL, W. STEPHEN Name: Name: 11265 KAPOK GRAND CT Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: CRANE, MARY ANN Name: WOODBROOK, GRAEME 308 S BUNGELOW PARK AV APT D Address: Address: 17802 RIDGEWAY CT City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN F. DONLON Ρ 01/05/2005