

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000214

Entity Name: NEW TAMPA CHRISTIAN CENTER, INC.

FILED
Feb 10, 2004
Secretary of State

Current Principal Place of Business:

17802 ARBOR GREENE DRIVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

810 EAST STRATFORD AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-0703792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, JAMAL
1718 E. 7TH AVE., SUITE 201
TAMPA, FL 33604 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: DPVT () Delete
Name: LEWIS, MICHEAL W
Address: 810 STRATFORD AVENUE
City-St-Zip: TAMPA, FL 33603

Title: DT () Delete
Name: MARSHALL, SONYA
Address: 810 EAST STRATFORD AVENUE
City-St-Zip: TAMPA, FL 33603

Title: DPVP () Delete
Name: GENTLE, LOUISE D
Address: 810 STRATFORD AVENUE
City-St-Zip: TAMPA, FL 33603

Title: DS () Delete
Name: WILSON, BETTY
Address: 810 STRATFORD AVENUE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHEAL LEWIS

DPVT

02/10/2004

Electronic Signature of Signing Officer or Director

Date