2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010874

URBINA, DAVID

3106 JUANITA DR

PLANT CITY, FL 33567

Name:

Address:

City-St-Zip:

Entity Name: FAITH FELLOWSHIP OF TAMPA BAY, INC.

FILED Jul 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1604 MELODIE DR BRANDON, FL 33510 **Current Mailing Address: New Mailing Address:** 1604 MELODIE DR BRANDON, FL 33510 FEI Number: 16-1691090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPECK, JAMES KEVIN REV 1604 MÉLODIE DR BRANDON, FL 33510 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: () Change () Addition () Delete SPECK, JAMES KEVIN REV Name: Name: Address: 1604 MELODIE DR Address: BRANDON, FL 33510 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: URBINA, DONALD SR Name: Address: 3106 JUANITA DR Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: () Delete Title: () Change () Addition SPECK, CAROLYN JEAN REV Name: Name: 1604 MELODIE DR Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: URBINA, DANA Name: 3106 JUANITA DR Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES K. SPECK PD 07/08/2004