

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002249

FILED  
Mar 10, 2007  
Secretary of State

Entity Name: WORKPLACE CHRISTIAN FELLOWSHIP MINISTRY, INC.

**Current Principal Place of Business:**

12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 51-0531840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LARSON, RONALD D  
12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626 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: D ( ) Delete  
Name: LARSON, RONALD D  
Address: 12203 GLENCLIFF CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: LARSON, MARILOU I  
Address: 12203 GLENCLIFF CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: KENNEDY, ABIGAIL J  
Address: 39027 PARK DR  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GIBNEY, RICHARD  
Address: 15002 MAURINE COVE LN  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Change (X) Addition  
Name: MAYER, HAL  
Address: 12717 TAR FLOWER DR  
City-St-Zip: TAMPA, FL 33636

Title: D ( ) Change (X) Addition  
Name: MERLY, JESUS  
Address: 12315 WYCLIFF PL  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RONALD D. LARSON

D

03/10/2007

Electronic Signature of Signing Officer or Director

Date