

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000002249**

1. Entity Name  
**WORKPLACE CHRISTIAN FELLOWSHIP MINISTRY, INC.**



Principal Place of Business  
**12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626**

Mailing Address  
**12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626**



04132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0531840**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LARSON, RONALD D  
12203 GLENCLIFF CIRCLE  
TAMPA, FL 33626**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RONALD D 12203 GLENCLIFF CIRCLE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, MARILOU I 12203 GLENCLIFF CIRCLE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBNEY, RICHARD 15002 MAURINE COVE LN ODESSA, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, HAL 12717 TAR FLOWER DR TAMPA, FL 33636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLY, JESUS 12315 WYCLIFF PL TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000013764  
05/08/08-80029-011 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/08**

Date

**727.325.8141**

Daytime Phone #