



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003469 1. Entity Name FAITH CHRISTIAN CENTER CHURCH OF TAMPA, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 APR 10 PM 2:19							
Principal Place of Business 207 NEW HOPE ROAD BRANDON, FL 33510				Mailing Address 207 NEW HOPE ROAD BRANDON, FL 33510									
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>		Suite, Apt. #, etc.		Suite, Apt. #, etc.						03202008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-0503597		Applied For Not Applicable							
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GARRETT, THOMAS L 207 NEW HOPE ROAD BRANDON, FL 33510						7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
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 <i>Thomas L. Garrett</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>						(NOTE: Registered Agent signature required when reinstating)		DATE <i>3/28/08</i>					
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARRETT, THOMAS L TRUSTEE 207 NEW HOPE ROAD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700123857727 04/17/08--01014--003 **61.25									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARRETT, STEPHANIE D TRUSTEE 207 NEW HOPE ROAD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CURRY, ANGELA TRUSTEE 207 NEW HOPE ROAD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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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 and empowered.													
SIGNATURE: <i>Stephanie Garrett - Stephanie Garrett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date <i>03/28/08</i>		Daytime Phone # <i>813-651-2201</i>					