


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 030 ****70.00

DOCUMENT # N05000006124

1. Entity Name
FOUNTAINVIEW COMMUNITY CHURCH, INC.



Principal Place of Business
**8800 SHELDON RD
 TAMPA, FL 33635**

Mailing Address
**8800 SHELDON RD
 TAMPA, FL 33635**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
8815 Shoreham Rd.
 Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33635-1344

Country
Hillsborough

40001011



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
55-0901238

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, SARA
 8815 SHOREHAM RD
 TAMPA, FL 33635**

7. Name and Address of New Registered Agent

Name

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAST, JOHN T	
STREET ADDRESS	911 ZOTTER PASS	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	1D	<input type="checkbox"/> Delete
NAME	ANABLE, WALTER	
STREET ADDRESS	9118 MEMORIAL HWY	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAILY, SHIRLEY	
STREET ADDRESS	8820 NAUTILUS DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9113 OTTER PASS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Shirley W. Daily - SHIRLEY W. DAILY* **1/9/07** **(813) 886-2588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #