## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 28, 2006 8:00 am Secretary of State

08-28-2006 90005 014 \*\*\*\*61 25

1. Entity Nam	MENT # N0500000 T TIME WORSHIP CENTE						00 <b>20 2</b> 000 y		
Principal Place of Business 10037 OASIS PALM DR 10037 OASIS PALM DR TAMPA, FL 33615  Malling Address 10037 OASIS PALM DR TAMPA, FL 33615			R				5002663	7	
2. Principal P	Place of Business	3. Mailin	g Address		····				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08222006	Chg-NP	CR2E037 (4/06)	
City & State		City & State				4. FEI Number			pplied For
Zip	Country	Zip	. <u>_</u>	Cou	untry	5. Certificate of	3 1 1 2 5 of Status Desired	\$8.75 Ad Fee Require	ot Applicable ditional
	6. Name and Address of Curren	t Registered	Agent	L	<u> </u>	7. Name and	Address of New Ro		- <del> </del>
					Name				
RAMDIAL, BUDHANLALL 10037 OASIS PALM DR, TAMPA, FL 33615				Street Addres	ss (P.O. Box Number	r is Not Acceptable	)		
					City			FL Zip Cox	de
	named entity submits this statement lions of registered agent.	or the purpos	se of changing its	s registere	ed affice or regis	stered agent, or both	i, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE .								1	
	Signature, typed or practed name of registered age	x and title if applica	able. (NOT	E: Registore	d Agent signature requ	arted when reinstating)		DATE	
<del></del>		ot and title if applica	9. Election Ca Trust Fund I	mpaign F	inancing	\$5.00 May Be Added to Fees		DATE ake check payable t da Department of S	
<del></del>	Signature, typed or provided name of registered ages Filling Fee is \$61.25 ue by September 6, 2006		9. Election Car	mpaign F	inancing	\$5.00 May Be Added to Fees	Flori	ake check payable	tate
D	Signature, typed or provided name of registered ages		9. Election Car	mpaign F Contributi	inancing ion.	\$5.00 May Be Added to Fees	Flori	ake check payable ida Department of S	tate
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12. I hereby certify that the information supplied with this filting 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 one 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 propowered to execute this report as reading 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 enter tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

9/22/66 (8/3)894-958 Data Daylana Phone I