

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005688

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TAMPA BAY CHRISTIAN COUNSELING CENTER, INC.

**Current Principal Place of Business:**

3044 W. BEARSS AVE  
TAMPA, FL 33618

**New Principal Place of Business:**

5527 WINHAWK WAY  
LUTZ, FL 33558

**Current Mailing Address:**

3044 W. BEARSS AVE  
TAMPA, FL 33618

**New Mailing Address:**

5527 WINHAWK WAY  
LUTZ, FL 33558

**FEI Number:** 20-4949009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMBAS, CHRISTOPHER J  
3044 W. BEARSS AVE  
TAMPA, FL 33618 US

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

CAMBAS, CHRISTOPHER J  
5527 WINHAWK WAY  
LUTZ, FL 33558 US

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:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAMBAS, CHRISTOPHER J  
Address: 5527 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: D  
Name: CAMBAS, LORI  
Address: 5527 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: D  
Name: WILBUR, MARSHA  
Address: 5527 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: D  
Name: CAMBAS, NICHOLAS  
Address: 5527 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: D  
Name: BRAKE, KENTON  
Address: 5527 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: CHRIS CAMBAS

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date