## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07946

FILED Jun 12, 2007 Secretary of State

Entity Name: THE CHRISTIAN RESOURCE CENTER OF GREATER TAMPA BAY, INC

urrent P	rincipal Place of Business:	New Principal Place of Business:
O.BOX	RRA VERDE DR. 310598 'L 336800598	513 HOLY HOCK LN SPRING HILL, FL 34606
urrent N	lailing Address:	New Mailing Address:
P.O.BOX1 HOUSTOI	6822 N, TX 772226822	
accordan	: 59-2800289 FEI Number Applied For ( ace with s. 607.193(2)(b), F.S., the corporation	lid not receive the prior notice.
lame and	d Address of Current Registered Ager	t: Name and Address of New Registered Agent:
OTEN. H	HERMAN R PD	
	RRA VERDE DR. L 336177632 US	
AMPA, Fine above	RRA VERDE DR. L 336177632 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bo
AMPA, Fine above	RRA VERDE DR. L 336177632 US e named entity submits this statement for e of Florida.	
AMPA, Fine above the State	RRA VERDE DR. L 336177632 US e named entity submits this statement for e of Florida.  RE:	
AMPA, Fine above the State	RRA VERDE DR. L 336177632 US e named entity submits this statement for e of Florida.  RE: Electronic Signature of Registere	d Agent Date
AMPA, Fine above the State SIGNATU  PFFICER  ittle: ame: ddress:	RRA VERDE DR. CL 336177632 US  e named entity submits this statement for e of Florida.  RE:  Electronic Signature of Registerer  S AND DIRECTORS:  PD () Delete  MOTEN, HERMAN  8002 TIERRA VERDE	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERMAN MOTEN PD 06/12/2007