## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003985

FILED Mar 20, 2009 Secretary of State

Entity Name: BRIDGEWAY CHURCH OF TAMPA, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8909 REGENTS PARK DRIVE #410 TAMPA, FL 33647 **New Mailing Address: Current Mailing Address:** 8909 REGENTS PARK DRIVE #410 TAMPA, FL 33647 FEI Number: 59-3697809 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EASON, CAROLEE C EASON, CAROLEE C 1243 HÓRSEMINT LANE 1240 HIGHWOOD PLACE WESLEY CHAPEL, FL 33543 US WESLEY CHAPEL, FL 33543 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: 03/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete EASON, JOEL D EASON, JOEL D Name: Name: 1243 HORSEMINT LANE Address: 1240 HIGHWOOD PLACE Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: WESLEY CHAPEL, FL 33543 Title: () Delete Title: () Change () Addition Name: CHILBERT, ANDREW Name: Address: 11719 MEADOWLANE DRIVE Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: () Delete Title: () Change () Addition CAINES, RICHARD E Name: Name: 10301 SKEWLEE ROAD Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition BURKLOW, SCOTT Name: Name: 20314 NOBLE OAK PLACE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

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: JOEL EASON Р 03/20/2009