

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008562

FILED
Jan 13, 2009
Secretary of State

Entity Name: CHRISTIAN CARE CENTER OF SOUTH TAMPA, INC.

Current Principal Place of Business:

4300 S MANHATTAN AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4300 S MANHATTAN AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 80-0257278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHEAT, DAVID M
4319 S COOLIDGE AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAROL, CHANCEY
Address: 414 E MORGAN STREET
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: POTTERBAUM, BRIAN
Address: 4416 W BAY AVENUE
City-St-Zip: TAMPA, FL 33616

Title: S () Delete
Name: WHEAT, AMANDA J
Address: 4319 S MANHATTAN AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: AMANDA J. WHEAT

S

01/13/2009

Electronic Signature of Signing Officer or Director

Date