FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT #

N09577

(0)

1. Corporation	n Name		,	(-)			•			
TAMPA	BAY CH	IRISTIAN CENTI	er, inc.				2 40 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 1 1	18 B. Asası Albit Giacı bibil Albit bizis	1 84 1	
Principat Place	e of Busines	s	Mailing Addres	Mailing Address				.004.01041.01041.0104.0104.0104.0104.0	illi	
% DAVID K BLOMGREN % DAVID K BLOMG 3920 S. KINGS AVENUE 3920 S. KINGS AVENUE BRANDON FL 33511 BRANDON FL 33511										
							3. Date Incorporated or Qualified 06/03/1985	3a. Date of Last Report 05/20/1996	}	
2. Principal P	lace of Busin	ness		2a. Mailing Address 26			4. FEI Number 59-2471118	Applied Fo		
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State	e .			City & State			6. Election Campaign Financing	\$5.00 May Be		
23			28	28			Trust Fund Contribution	Added to Fees		
Zip	Zip Country		Z ip				8. This corporation has liability for	intangible tax under s. 199.03	32,	
24	24 25 9, Name and Address of Current			29 30 Begistered Agent				Florida Statutes Yes Mo 10, Name and Address of New Registered Agent		
9, Name and Address of Current Registers Agent						Name	10. Name and Address of New Fig	Sioraran Water		
BLOMGREN, DAVID K.					82	Street A	ddress (P.O. Box Numbor is Not Acceptab	ole)		
3920 S. KINGS AVENUE BRANDON FL 33511					83					
					84	City		FL 85 Zip Code		
11. Pursuant	to the provis	ions of Sections 617	.0502 and 617.1508, Flo	rida Statutes	s, the abov	c-named c	orporation submits this statement for the p		ored	
office or r agent. I a	registered ag ım familiar 📈	gent, or both, in the S ith, and accupit the o	State of Horida. Such cha obligations of, Section 61	ange was au 7.0503, Flori	uthorized by ida Statute	y the corpo s.	orporation submits this statement for the poration's board of directors. I hereby acceptation's	of the appointment as register	rod	
SIGNATURE	KI	aved h. a	Dlomon in				Mas	6,1997		
12.	Signature, typed		od agent and bilg it applicable B AND DIRECTORS	(NOTE:	13.	on! signa!ure re	aquired when reinstating) ADDITIONS/CHANGES TO VEFTO	DATE CERS AND DIRECTORS IN 12	2	
TITLE	D			DELETE	1.1.TITLE			☐ Change ☐ Ad		
NAME		ren, david K.			1.2 NAME	ļ			, [
STREET ADORESS 1316 PEACHFIELD DRIVE				1.3 STREET ADDRES		ADDRESS				
CITY-ST-ZIP	VALRIC	D FL	····	DELETE	1.4 CITY - S	T-ZIP			1.172	
TITLE	D	VCNT	L)	DELETE	2.1 TITLE	ļ.		☐ Change ☐ Ad	ddilion	
NAME STREET ADDRESS	DAVIS,	AFIA RD.			2.2 NAME 2.3 BTREET	ADDUCCO				
CITY-ST-ZIP	BRAND				2.4 CHY-				1	
TITLE	D	<u> </u>		DELETE	31 THLE	0. 1.		Change Ad	dition	
NAME	HELDRE	TH, JAMES R			3.2 NAME					
STREET ADDRESS		OLUMBO DRIVE			3.3 \$1REE1	ADDRESS)	
CITY-ST-ZIP	VALRIC	O FL			3.4. CITY-	ST-ZIP			j	
TITLE				DELETE	4.1 TITLE			Change Ad	1dition	
NAME					4.2 NAME	- 1				
STREET ADDRESS					4.3 \$TREE1					
CITY-ST-ZIP]			Driett	4.4 CITY - 5	ST-ZIP		Change	dillon	
TITLE			السا	DELETE	5.1 TITLE			☐ Change ☐ Ac	JUILION	
NAME STORET ADODESO	[5.2 NAME	ADDRESS.			ļ	
STREET ADDRESS CITY-ST-ZIP	ļ				5.3 \$TREE? 5.4 C ITY- S				- 1	
TITLE	 			DELETE	61 TITLE	51~4IF		Change Ad	ddition	
NAME	ļ				6.2 NAME	[
STREET ADDRESS						ADDRESS				
I	1									

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Man 6 1000 (000) 189- 91401

FILED

May 20 1997 8:00am

Secretary of State