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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09577

1. Corporation Name

TAMPA BAY CHRISTIAN CENTER, INC.

Principal Place of Business

3920 S KINGS AVE
BRANDON FL 33511
US

Mailing Address

3920 S KINGS AVE
BRANDON FL 33511
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

3. Date Incorporated or Qualified

08/03/1986

4. FEI Number

58-2471118

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, KENT G.
3920 S KINGS AVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kent Davis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, KENT
STREET ADDRESS 3920 SOUTH KINGS AVENUE
CITY-ST-ZIP BRANDON FL 33511

DELETE

TITLE D
NAME HELORETH, JIM
STREET ADDRESS 3920 SOUTH KINGS AVENUE
CITY-ST-ZIP BRANDON FL 33511

DELETE

TITLE D
NAME DEBARO, ALAN
STREET ADDRESS 3920 SOUTH KINGS AVENUE
CITY-ST-ZIP BRANDON FL 33511

DELETE

TITLE D
NAME DAVIS, OR. D
STREET ADDRESS 3920 S KINGS AVE
CITY-ST-ZIP BRANDON FL 33511

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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 true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kent Davis

4-29-99

(813) 689-9497

Signature and typed or printed name of signing officer or director

Date

Telephone Number