

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001558

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** CHRIST FAVOUR MINISTRY COGIC INC

**Current Principal Place of Business:**

12811 N NEBRASKA AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

806 E. 131ST AVE.  
TAMPA, FL 33612 US

**Current Mailing Address:**

2913 E SLIGH AVE  
TAMPA, FL 33610 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSTIN, STEPHENSON S REV  
2913 E SLIGH AVE  
TAMPA, FL 33610 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: PD  
Name: AUSTIN, STEPHENSON S REV  
Address: 2913 E SLIGH AVE  
City-St-Zip: TAMPA, FL 33610 US

Title: S  
Name: FLETCHER, KAREN M  
Address: 946 SANDYWOOD DR  
City-St-Zip: BRANDON, FL 33510 US

Title: T  
Name: FLOYD, CARLETTA R  
Address: 611 11TH ST DR W  
City-St-Zip: PALMETTO, FL 34221 US

Title: D  
Name: OWENS, MARK  
Address: 2200 17TH AVE. S.  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN FLETCHER

S

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date