2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N10468

1. Entity Name

TAMPA COVENANT CHURCH, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

13320 LAKE MAGDALENE BLVD. TAMPA, FL 33618 Mailing Address

13320 LAKE MAGDALENE BLVD. TAMPA, FL 33618



01242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2626914 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, ERIC D 13338 LAKE GEORGE LANE TAMPA, FL 33618

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			fac.	al e la la	· ·	e p	
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or registered a	agent, or both. in	the State of Florida. I am	familiar with, ar	nd accept
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE: Registered			Agent signature required when reinstating) DATE				
i	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finar Trust Fund Contribution.	cing \$5.00	May Be to Fees	U0000061137 2/02/07-80059	9 -015 70.	00
10.	OFFICERS AND DIRI	CTORS	. .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEYER, ERIC D 13338 LAKE GEORGE LANE TAMPA, FL 33618			• •	Santa S Santa Santa Sa	e u	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAZESF, JOHN 3906 YELLOW FINCH LANE LUTZ, FL 33549		• • • • • • • • • • • • • • • • • • •	**************************************			· · ·
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DS KALOGER, LOU 6318 EAGLEBROOK AVE TAMPA, FL 33625			PO N	OT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, JOHN 3731 THORNWOOD DR. TAMPA, FL. 33618		Barrier Commence	e serge of the serger of		E ****;	34 24 v.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUEGGEN, JOHN W 25351 OAKS BLVD. LAND O LAKES, FL 34639			en jarre per en et et	, 103s		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				e de la companya de l	de .		
12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	emptions contained in	Chapter 119, Flor	ida Statutes, i further ce	rtify that the info	ormation r director

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

John W Bruggen

1-24-07

(813) 991-9529

Daytime Phone