2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90051 003 ****61.25

DOCUMENT # N11775

1. Entity Name
NORTH TAMPA CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
206 W. 131ST AVE. TAMPA, FL 33612	206 W. 131ST AVE. TAMPA, FL 33612

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6176129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ROBLES, ASER I~> ~~32123 BROOKSTONE DR~> ~~WESLEY CHAPEL, FL 33544~> Mercy Trujillo 1711 W. Ferris Ave. Tampa, FL 33603-2819	Name: Mercy Trujillo Street Address (P.O. Box Number is Not Acceptable): 1711 W. Ferris Ave. City: Tampa FL [redacted] FL Zip Code: 33603-2819

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mercy Trujillo, Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 1/20/08

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ROSADO, MARIA 3331 ~~BROKER BLVD~~ DR Broken Bow DR LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Mercy Trujillo 1711 W. Ferris Ave Tampa, FL 33603-2819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADILLA, IRIS 13113 W 18TH 115 TAMPA, FL 33612	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CAROL L 1415 POPE PLACE LUTZ, FL 33549	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBLES, ASER I 32123 BROOKSTONE DR WESLEY CHAPEL, FL 33544	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO ROBLES, ISAIAS ~~32123 BROOKSTONE DR~> WESLEY CHAPEL, FL 33544	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEGA-CAMACHO, JOSEPHINE M ~~103 MERAMO CIR~> 12710 Linda Dr. ~~BRANDON, FL 33510~> Tampa, FL 33612	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: Mercy Trujillo Mercy Trujillo 1/20/08 (813)875-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted] 2/3/08 (813) 957-1766