

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90025 041 ****61.25

DOCUMENT # N16151

1. Entity Name

BEL-MAR PRESBYTERIAN CHURCH OF TAMPA, FLORIDA, INC.



Principal Place of Business

Mailing Address

% CHURCH OFFICE
 4003 SOUTH MANHATTAN
 TAMPA FL 33611
 US

% CHURCH OFFICE
 4003 SOUTH MANHATTAN
 TAMPA FL 33611
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/06)

4. FEI Number

59-1393444

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

MOSELEY, CATHY
4110 W. BAY VIEW
TAMPA FL 33611

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: SD Delete
 NAME: MOSELEY, CATHY
 STREET ADDRESS: 4110 W. BAY VIEW
 CITY-ST-ZIP: TAMPA FL 33611

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: VAN STONER PD
 CITY-ST-ZIP: 3107 SAN PEDRO TAMPA, FL 33629

TITLE: PD Delete
 NAME: MCCURDY, JUSTINE
 STREET ADDRESS: 3605 E. CLARK CIR.
 CITY-ST-ZIP: TAMPA FL 33629-8520

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD Delete
 NAME: BLATT, GEORGE
 STREET ADDRESS: 4810 W. BAY CT. AVE.
 CITY-ST-ZIP: TAMPA FL 33611

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD Delete
 NAME: GRIFFITH, ARTHUR
 STREET ADDRESS: 12001 DR MLK ST BN. APT 2310
 CITY-ST-ZIP: SAINT PETERSBURG FL 33716

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature] Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
 Date

813-835-6491
 Daytime Phone #