

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17829 (5)**  
1. Corporation Name  
**CHRISTIAN ASSEMBLY CHURCH AT TAMPA, INCORPORATED**

Principal Place of Business Mailing Address  
**1509 E. NORTH BAY STREET TAMPA FL 33610** **P.O. BOX 883 THONOTOSASSA FL 33592**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	<b>11/18/1986</b>	
4. FEI Number	Applied For	Not Applicable
<b>59-2756986</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>PATRONELLI, BEATRICE</b> <b>6203 KELLY ROAD</b> <b>PLANT CITY FL 33565</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>D PATRONELLI, RAYMOND</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>6203 KELLY ROAD</b>	1.3 STREET ADDRESS	
	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D CIRCELLO, VINCENT</b>	2.1 TITLE	2.2 NAME
	<b>RR 2, BOX 516</b>	2.3 STREET ADDRESS	
	<b>UNDERHILL VT</b>	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>DST PATRONELLI, BEATRICE</b>	3.1 TITLE	3.2 NAME
	<b>6203 KELLY ROAD</b>	3.3 STREET ADDRESS	
	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Beatrice Patronelli 4/23/98

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