

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23932 (9)

1. Corporation Name

CHRISTIAN CONGREGATION IN THE UNITED STATES, TAMPA LOCALE, INC.

Principal Place of Business

Mailing Address

% RONALD M. BENTO
2215 CLEMONT
LUTZ FL 33549

% RONALD M. BENTO
2215 CLEMONT
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1987** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2803811** Applied For
-59-0488828 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENTO, RONALD M.
2419 BLIND POND AVENUE
LUTZ FL 33549**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	LAURICELLO, JOSHUA
STREET ADDRESS	2217 CLEMONT
CITY- ST- ZIP	LUTZ FL
TITLE	DD
NAME	MARTINEZ, MICHAEL A.
STREET ADDRESS	17601 WHISTLING LANE
CITY- ST- ZIP	LUTZ FL
TITLE	STD
NAME	BENTO, RONALD M.
STREET ADDRESS	2419 BLIND POND AVE
CITY- ST- ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAURICELLO, JOSHUA	
1.3 STREET ADDRESS	2217 CLEMONT RD.	
1.4 CITY- ST- ZIP	LUTZ FL	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SILVA, JESUS	
2.3 STREET ADDRESS	14743 LAKE FOREST DR.	
2.4 CITY- ST- ZIP	LUTZ FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BENTO, RONALD M.	
3.3 STREET ADDRESS	2419 BLIND POND AVE	
3.4 CITY- ST- ZIP	LUTZ FL	
4.1 TITLE	VJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES AMODEU	
4.3 STREET ADDRESS	15119 18TH ST. N.	
4.4 CITY- ST- ZIP	LUTZ FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTINEZ MICHAEL	
5.3 STREET ADDRESS	17601 WHISTLING LANE	
5.4 CITY- ST- ZIP	LUTZ FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAURANCE PAWLUS	
6.3 STREET ADDRESS	18103 FAIR POINT PL	
6.4 CITY- ST- ZIP	LUTZ FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **PRESIDENT: JOSHUA LAURICELLO**

Joshua C Lauricello

Date Daytime Phone #

APRIL 28 95